AV

290

United States Postal Service

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date 12-23-02

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

Closed Box 6-29-03

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include similar information for either spouse in appropriate box.)

SCOTT PETERSON

3. Address to Be Used for Delivery including ZIP + 4

PMB # 290
MAIL BOXES ETC.
1801 H ST., STE. B5
MODESTO, CA 95354

4. Applicant Authorizes Delivery to and in Care of (Name, address, and ZIP Code of agent)

MAIL BOXES ETC.
1801 H ST., STE. B5
MODESTO, CA 95354

5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? (Check one)

☐ Yes ☐ No

6. This Authorization is Extended to Include Restricted Delivery Mail for the Undersigned(s)

7. Name of Applicant

SCOTT PETERSON

8. Home Address (Number, street, city, state, and ZIP Code)

523 COVEJA AVE
MODESTO CA 95354

Telephone Number (209) 505-0337

9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.

a. CDL- A5077297

b. VISA- 4217658932498575

Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.

10. Name of Firm or Corporation

11. Business Address (Number, street, city, state and ZIP Code)

Telephone Number ( )

12. Kind of Business

13. If Applicant is a Firm, Name Each Member Whose Mail is to Be Delivered. (All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)

14. If a CORPORATION, Give Names and Addresses of Its Officers

15. If Business Name of The Address (Corporation or Trade Name) Has Been Registered, Give Name of County and State, and Date of Registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

16. Signature of Agent/Notary Public

17. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

PS Form 1583, March 1999

PEOPLE'S EXHIBIT 285A SC55500A adm 10/29
PENGAD 800-631-6989

290

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NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. *(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)*

TRADECORP

3. Address to Be Used for Delivery Including ZIP + 4

PMB # 290
MAIL BOXES ETC.
1801 H ST., STE. B5
MODESTO, CA 95354

4. Applicant Authorizes Delivery to and in Care of *(Name, address, and ZIP Code of agent)*

MAIL BOXES ETC.
1801 H ST., STE. B5
MODESTO, CA 95354

5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? *(Check one)*

☑ Yes ☐ No

6. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s)

7. Name of Applicant

SCOTT PETERSON

8. Home Address *(Number, street, city, state, and ZIP Code)*

1027 N EMERALD B1
MODESTO, CA 95351

Telephone Number (209) 578-0334

9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.

a. CDL- A3077297

b. VISA- 4217658932498575

Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.

10. Name of Firm or Corporation

TRADECORP

11. Business Address *(Number, street, city, state and ZIP Code)*

1027 N EMERALD B1
MODESTO CA 95351

Telephone Number ( )

12. Kind of Business

AGRICULTURAL INPUTS

13. If Applicant Is a Firm, Name Each Member Whose Mail Is to Be Delivered. *(All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)*

14. If a CORPORATION, Give Names and Addresses of Its Officers

ESPANA TRADECORP USA, INC.
DBA - TRADECORP
1027 N EMERALD B1
MODESTO CA 95351

15. If Business Name or The Address *(Corporation or Trade Name)* Has Been Registered, Give Name of County and State, and Date of Registration.

STANISLAUS
CALIFORNIA
10/31/2000

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). *(18 U.S.C. 1001)*

16. Signature of Agent/Notary Public

17. Signature of Applicant *(If firm or corporation, application must be signed by officer. Show title.)*

PS Form 1583, March 1999

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

OFFICIAL USE ONLY

Zone/Route ID No. 95351113

Date Entered on Form 3982 (M M D D Y Y) 02 01 03

Expiration Date (M M D D Y Y)

Clerk/Carrier Endorsement 55

1. Change of Address for: (Read Attached Instructions) ~~Individual (#5)~~ X Entire Family (#5) X Business (#6)

2. Is This Move Temporary? Yes, Fill in ▼

3. Start Date: MM DD YY 01 30 03

4. If TEMPORARY move, print date to discontinue forwarding: MM DD YY

5a. Print LAST Name: PETERSON

5b. FIRST Name and MI: SCOTT

6. Print Business Name: TRADECORP

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.)

7a. OLD Mailing Address: 1027 N EMERALD

7a. OLD APT or Suite: B1

7c. OLD CITY: MODESTO

PRINT NEW MAILING ADDRESS BELO

8a. NEW Mailing Address: 1801 H ST

8a. NEW APT/Ste or PMB: PMB290

8c. NEW CITY: MODESTO

9. Print and Sign Name (see conditions on reverse)

Print: SCOTT PETERSON

▶ Sign:

PETE027 953512035 1103 26 02/04/03

PETERSON
PMB 290
1801 H ST
MODESTO CA 95354-1221

TRAD027 953512035 1103 26 02/04/03

:TRADECORP
PMB 290
1801 H ST
MODESTO CA 95354-1221

PS FORM 3575 January 2003

Visit http://moversguide.usps.com to change your address online.

0013

UNITED STATES POSTAL SERVICE®

31 JAN 2003

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

NOTE: PRINT the City, State, and ZIP Code of your OLD address on the line provided below. The person signing this form states that he or she is the person, executor, guardian, authorized officer, or agent of the person for whom mail would be forwarded under this order. Anyone submitting false or inaccurate information on this form is subject to punishment by fine or imprisonment or both under Sections 2, 1001, 1702 and 1708 of Title 18, United States Code.

PRIVACY ACT: Filing this form is voluntary, but your mail cannot be forwarded without an order. If filed, your new permanent address will be provided to individuals and companies who request it. This will occur *only* when the requester is already in possession of your name and old mailing address. Use Form 3576 to tell correspondents and publishers of address changes. Authorized 39 U.S.C. 404.

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 73026 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

TO: POSTMASTER (OF OLD ADDRESS)

UNITED STATES POSTAL SERVICE

95354

CITY OR POST OFFICE STATE ZIP CODE

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions) Individual (#5) Entire Family (#5) Business (#6)
2. Is This Move Temporary? Yes, Fill in ▼
3. Start Date: MM DD YY 01 30 03
4. If TEMPORARY move, print date to discontinue forwarding: MM DD YY

5a. Print LAST Name: PETERSON

5b. FIRST Name and MI: SCOTT

6. Print Business Name:

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.)

7a. OLD Mailing Address: 523 COUENA AVE

7a. OLD APT or Suite:

7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

7c. OLD CITY: MODESTO

7d. State: CA

7e. ZIP: 95354

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.)

8a. NEW Mailing Address: 1801 H STREET

8a. NEW APT/Ste or PMB: PMB 290

8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

8c. NEW CITY: MODESTO

9. Print and Sign Name (see conditions on reverse)

Print: SCOTT PETERSON

Sign:

PS FORM 3575 January 2003 Visit hl

OFFICIAL USE ONLY

Zone/Route ID No. 9 5 3 5 4 0 1

Date Entered on Form 3982 M M D D Y Y: 1 2 0 3 0 3

Expiration Date M M D D Y Y:

Clerk/Carrier Endorsement

PETE523 953542219 1103 13 02/05/03
NOTIFY SENDER OF NEW ADDRESS
PETERSON
PMB 290
1801 H ST
MODESTO CA 95354-1221