

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 mail to another address is the responsibility of the addressee and 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(s) 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 PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 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 Service 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 7 or 10, and that the identification listed in box 8 is valid.

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

—company & personal—

4. Applicant authorizes delivery to and in care of:

a. Name **International Trading Center LLC**

b. Address (No street, apt./st) **2315 NW 107 AVE, Ste 1M28 #117**

c. City **MIAMI** d. State **FL** e. ZIP + 4 **33172-2118**

6. Name of Applicant **Your legal name**

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a. **List your first ID, please include copy**

b. **List your second ID, please include copy**

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

12. 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 of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers  
**Complete, with information officers of company (find it in Sunbiz.org)**

3a. Address to be Used for Delivery (Include PMB or # sign.)

**2315 NW 107 AVE, Ste 1M28 #117**

3b. City **MIAMI**

3c. State **FL** 3d. ZIP + 4® **33172-2118**

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

**Your signature here authorizes International Trading Center to receive restricted and/or certified delivery mail**

7a. Applicant Home Address (No., street, apt./ste. no)

**Your current address or address from identification**

7b. City **MIAMI** 7c. State **FL** 7d. ZIP + 4 **33172-2118**

7e. Applicant Telephone Number (Include area code) **Complete**

9. Name of Firm or Corporation **Your company name**

10a. Business Address (No street apt./ste. no) **2315 NW 107 AVE, Ste 1M28 #117**

10b. City **MIAMI** 10c. State **FL** 10d. ZIP + 4 **33172-2118**

10e. Business Telephone Number (Include area code) **Complete**

11. Type of Business **Complete**

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

**Complete with information from Sunbiz.org exact date, Miami-Dade, FLORIDA**

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).

15. Signature of Agent/Notary Public

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

**Your signature here**