

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date
 January 8, 2020

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.) GOUTTAM SAMAL, KALINGABIKASHI LLC			3a. Address to be Used for Delivery (Include PMB or # sign.) 7511 Greenwood Ave North, Unit #4090		
			3b. City Seattle	3c. State WA	3d. ZIP + 4® 98103
4. Applicant authorizes delivery to and in care of:			5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name Sip and Ship			Yes		
b. Address (No., street, apt./ste. no.) 7511 Greenwood Ave North, #4090					
c. City Seattle	d. State WA	e. ZIP + 4 98103			
6. Name of Applicant GOUTTAM SAMAL			7a. Applicant Home Address (No., street, apt./ste. no) oleichandan pur ps binjhapur dist-jajpur		
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.			7b. City Dist-Jajpur	7c. State India	7d. ZIP + 4
a.			7e. Applicant Telephone Number (Include area code) +91 9137001221		
X India Passport			9. Name of Firm or Corporation KALINGABIKASHI LLC		
b.			10a. Business Address (No., street, apt./ste. no) C/O CHANDAN BEHERA FLAT NO 301 2 ND FLOOR FR 49		
X Voter Registration			10b. City BHUBANESWAR,INDIA	10c. State ORISSA	10d. ZIP + 4 751021
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.			10e. Business Telephone Number (Include area code) +91-9668227784		
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.) N/A			11. Type of Business ITES		
13. If a CORPORATION, Give Names and Addresses of Its Officers N/A			14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. N/A		

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
 See attached certificate

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title)
 X CEO **GOUTTAM SAMAL**

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

VERIFICATION OF FACT BY REVIEW OF PUBLIC OR VITAL RECORDS

State/Commonwealth of VIRGINIA)
)
 City County of Prince William)

On 01/09/2020, I, Jonathan Osvaldo Sanchez-Arevalo have reviewed public
Date *Name of Notary Public*

or vital records and performed the specified verification of fact, in accordance with instructions for the attached United States Postal Service Application for Delivery of Mail Through Agent (PS Form 1583), with regard to the two (2) types of identification presented to me by Gouttam Samal as CEO of Kalingabikashi LLC
(Name of Applicant(s) presenting identity documents)



Signature: _____
Notary Public



Notary Commission Number: 7809591

My Commission Expires: 11/30/2022

Notarized online using audio-video communication

DESCRIPTION OF IDENTITY DOCUMENTS

Signer's Name: Gouttam Samal

Title of Primary Identity Document: India Passport

Document Date: 2/15/2011

Title of Secondary Identity Document: Voter Registration

Document Date: Not Dated