

## **Acknowledgment By Private Mailbox Service Customers**

This acknowledgment is required by Section 17538.5 of the California Business and Professions Code.

Any person obtaining private mailbox receiving service in the State of California must read and acknowledge receipt of the following statement, which is to be kept on file at this Commercial Mail Receiving Agency (CMRA) and will be made available, upon demand, to the Department of Consumer Affairs or any law enforcement agency conducting an investigation.

By requesting and obtaining use of a CMRA in the State of California, I acknowledge that:

1. I am obligated to disclose my actual home address or place of residence on a United States Postal Service (USPS) Form 1583 or other form as may later be developed and I further agree that I will provide prompt written notice of this CMRA of any subsequent change in my home address or place of residence.
2. By signing below, I irrevocably authorize this CMRA to act as my Agent for service of process to receive any legal documents that may be served upon me. This authorization shall continue from the date of this agreement until two years after my mail receiving service has been terminated. I understand that this CMRA will (A) place a copy of the documents or a notice that the documents were received into my mailbox or other place where I usually receive my mail, unless my mail receiving service has been terminated, and (B) send all documents by first-class mail to my home or other last known address to the CMRA.
3. I further acknowledge that I understand that use of a CMRA for commercial purposes in the State of California requires the user to comply with all applicable laws, including Section 17538.5 of the Business and Professions Code and laws prohibiting unfair competition and false advertising as set forth in Sections 17200 and 17500 of the Business and Professions Code. Violation of these laws may result in criminal and civil penalties or both. I understand that the USPS Form 1583 (that must be prepared for each CMRA customer) shall be delivered to the local United States Post Office and a copy of the form must be retained by this CMRA and made available upon demand to the Department of Consumer Affairs or any law enforcement agency conducting an investigation.

I hereby agree to accept and abide by the foregoing requirements.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name Printed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_