

## NCOA Link® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each NCOA<sup>Link</sup> Licensee have a completed NCOA<sup>Link</sup> PAF for each of their NCOA<sup>Link</sup> customers prior to providing the NCOA<sup>Link</sup> service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed hardcopy document or equivalent alternative.

LIST OWNER			
I, the undersigned, an authorized represe	entative of:		
Company Name			_
Address			
O'th :		<u>-</u>	tate ZIP+4
City		<b>ა</b>	tate ZIP+4
Telephone Number NAICS	USPS Maile	r ID E-mail Address	
Parent Company Name			
Marketing or "DBA" Company Name or Affiliat	te Company Name	Company Website (optional)	
(if applicable)		,	
Name (Please print)		Title	
Name (Please plilit)		Title	
Signature		Date	
I do hereby acknowledge that I have received and reviewed the NCOA <sup>Link</sup> Information Package supplied to me by Acxiom Corporation, an			
I do hereby acknowledge that I have received and reviewed the NCOA <sup>Link</sup> Information Package supplied to me by Acxiom Corporation, an NCOA <sup>Link</sup> Full Service Provider Licensee. I also understand that the sole purpose of the NCOA <sup>Link</sup> service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA <sup>Link</sup> may not be used to create			
or maintain new movers lists.	sa loi preparation of mainings.	Tuttiemore, rundorotand mad	THOOA THAY HOLDE GOOD TO GLOBE
ICENSEE			
Acxiom Corporation			
Business Name (Please print)			
Larry Horton Name (Please print)		Product Data Specialist Title	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Title	
Signature		Date	
501 342-1000		501 342-7900	
Telephone Number  BROKER/AGENT LIST ADM	INTICTE ATOP (Check applie	Fax Number	
BROKER/AGENT LIST ADMINISTRATOR (Check applicable box)			
TRG Arts Business Name (Please print)			
90 South Cascade Suite 510		Colorado Springs, CO, 809	nna
Address		City/State/ZIP+4	
Adam Scurto		Regional Coordinator	
Name (Please print)		Title	
Signature		Date	
_719-494-5176	www.trgar		
For Licensee Use Only			
PAF ID:	Broker/Agent ID:	l ist Adn	ninistrator ID:
FALID.	Diokei/Ageill ID.	LIST AUI	ininstrator ib.