

**CITY-WIDE ADVERTISING**

**SECTION A: BID PROPOSAL FORM**

BIDS MUST BE RECEIVED BY: Friday, June 13, 2014 at 10:00 a.m. in the Office of the City Clerk.

QUESTIONS regarding this bid should be referred to Kathy Flamson, Deputy City Clerk (707) 942-2807 or email kflamson@ci.calistoga.ca.us.

PRINTING OF OFFICIAL AND LOCAL CLASSIFIED ADVERTISING to be furnished to the City of Calistoga during the period commencing July 1, 2014 through June 30, 2015.

**SECTION A: GENERAL**

1. This newspaper is published 1 day(s) per week, on the following days: Friday.

2. Indicate column format:

Legal 8 picas wide

Display 1 col = 2" wide

3. This newspaper observes the following holidays:

New Year's, Memorial Day, Veteran's Day, July 4, Christmas & Thanksgiving

The deadline to submit publications for holidays is:

Tuesday noon

4. Can your newspaper reduce blueprint drawings/maps for publication? yes

If so, is there an additional cost (indicate cost) no.

5. If proofreading is required by the City, what is the deadline to submit information?

Legals Tues. noon

Display Tues noon

} we're very flexible, ask city clerk

6. DECLARATION OF NON-COLLUSION

The undersigned certifies (or declares) under penalty of perjury that this bid is genuine and not sham or collusive, or made in the interest or on behalf of any person, firm, or corporation not herein named; that the contractor has not directly or indirectly induced or solicited any other contractor to put up a sham bid, or any other person, firm, or corporation to refrain from bidding, and that the contractor has not in any manner sought by collusion to secure to himself any advantage over other contractors.

7. DECLARATION OF ADJUDICATION

The undersigned certifies (or declares) under penalty of perjury that the named newspaper is adjudicated as a newspaper of general circulation by the State of California (as defined by Government Code Section 6000, et seq.).

8. ERRORS AND OMISSIONS

The undersigned understands and agrees that the City of Calistoga will not be responsible for any error or omission on the part of the undersigned in making this proposal.

9. DECLARATION OF NON-DISCRIMINATION

In the performance of any contract awarded pursuant to these specifications, the undersigned understands and agrees that it shall not discriminate against any employee or applicant for employment because of age, sex, marital status, physical handicap, race, color, religion, ancestry, or national origin. Contractor will take affirmative action to ensure the applicants are employed, and that employees are treated during employment without regard to their age, sex, marital status, physical handicap, race, color, religion, ancestry or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Contractor shall post in conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this Fair Employment Practices paragraph.

EXECUTED AT: Calistoga CA ON THE 10<sup>th</sup> DAY OF June, 2013

BY Pat Hampton publisher  
(Signature) (Title)

on behalf of Calistoga Tribune  
(Service Provider)

**SECTION B: LEGAL ADVERTISING**

1. Legal advertising to be accomplished as no larger than eight (8) point on 9.5 leading.
2. See the enclosed "Exhibit 1": Please typeset and indicate cost to publish as a legal ad.
3. Dollar rate per column inch: \$ 11.31
4. \$ 87.65 (cost estimate)

**SECTION C: DISPLAY ADVERTISING**

ITEM	DESCRIPTION
1.	Display advertising to be accomplished as follows: Format: ROP (Run of Publication)
2.	Does the rate change, depending upon number of publications or size of ad?  Yes _____ No <input checked="" type="checkbox"/> If so, please indicate

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3. See the enclosed "Exhibit 2" to typeset and set up as 2 column by 6 inch ad.
4. Dollar rate per column inch: \$ 11.31
5. \$ 101.79 (cost estimate)

**SECTION D: CIRCULATION**

**CONTRACTOR'S QUALIFICATION - LEGAL ADVERTISING**

Attach a copy of U.S. Postal Service "Statement of Ownership Management and Circulation" Form PS 3526 filed for 2013, and the circulation amount for February 2014. Please also include the number of paid subscriptions in the 94515 zip code area. If available, please verify the newsrack sales for 2013. Please include the most recent Weekly Postal Report.

**PROFESSIONAL SERVICES AGREEMENT**

The selected consultant will be required to enter into a City standard Professional Services Agreement (attached Exhibit 3). Two signed copies of the Professional Services Agreement shall be submitted with the RFP. All other required insurance certifications and documentation shall be submitted to the City within ten (10) days of award of the contract, prior to execution of the agreement by the City.

Particular attention should be given to the Indemnity and Insurance sections in the Professional Services Agreement. These sections are not negotiable and will be included unaltered in the final agreement.

**CONTRACTOR MUST COMPLETE AND SIGN BELOW:**

Firm Name Calistoga Tribune Phone 942-5181

Address 1007 Washington St Calistoga Ca 94515  
(Street) (City) (State) (Zip)

SI Jonathan Title publisher

(Signature of Corporate Officer or person authorized to sign bids and contracts on behalf of the Contractor)

**Vendors submitting a sealed proposal for the provision of official City advertising must complete and submit the following form(s) no later than 10:00 a.m. on Friday, June 13, 2014, to the Office of the City Clerk, City of Calistoga, 1232 Washington Street, Calistoga, CA 94515. The sealed proposal must be clearly labeled "PROPOSAL FOR OFFICIAL ADVERTISING SERVICES", Friday, June 13, 2014, 10:00 AM" in the bottom left hand corner.**

**ALL SIGNATURES ON BIDS SHALL BE ACCOMPANIED BY AN APPROPRIATE (i.e.: CORPORATE, PARTNERSHIP OR INDIVIDUAL) NOTARIAL ACKNOWLEDGMENT. NO BID WILL BE CONSIDERED FOR AN AWARD OF CONTRACT UNLESS SUCH NOTARIAL ACKNOWLEDGMENT IS RECEIVED.**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

State of California

County of NAVA

On JUNE 11 2014 before me, JAMES G. FLAMSON, Notary Public

Here Insert Name and Title of the Officer

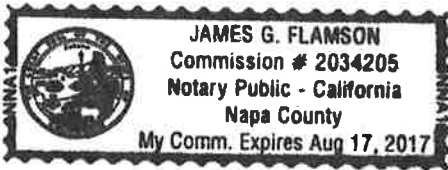
personally appeared PATRICIA HAMPTON

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: [Handwritten Signature]

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: TRF FOR CITY-WIDE ADVERTISING

Document Date: JUNE 10, 2014 Number of Pages: 8

Signer(s) Other Than Named Above: NONE

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_  Corporate Officer — Title(s): \_\_\_\_\_

Individual  Individual

Partner —  Limited  General  Partner —  Limited  General

Attorney in Fact  Attorney in Fact

Trustee  Trustee

Guardian or Conservator  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

# EXHIBIT 1

## NOTICE OF PUBLIC HEARING BY THE CALISTOGA CITY COUNCIL

**NOTICE IS HEREBY GIVEN** by the City Council of the City of Calistoga that a Public Hearing will be conducted on Tuesday, April 15, 2014, at 7:00 p.m. in the Calistoga Community Center, 1307 Washington Street, Calistoga, County of Napa, State of California, at which time and place testimony will be considered on the following item:

**Zoning Code Amendment ZO 2013-1:** Consideration of text amendments initiated by the City of Calistoga to the Calistoga Municipal Code, amending Title 17 (Zoning) to establish a procedure whereby persons with disabilities seeking equal access to housing may request reasonable accommodation in the application of zoning laws and other land use regulations, policies and procedures. The proposed amendments are exempt from the California Environmental Quality Act (CEQA) under Section 15061 (b) (3) of the CEQA Guidelines.

If you challenge the city's decision in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the City Council at, or prior to, the public hearing. Judicial review of any City administrative decision may be heard only if a petition is filed with the court not later than the 90th day following the date upon which the decision becomes final. Judicial review of environmental determinations may be subject to a shorter time period for litigation, in certain cases 30 days following the date of final decision.

Beginning Saturday, April 12, 2014, no later than 12:00 noon the City Council report for this item will be available online at <http://www.ci.calistoga.ca.us>. For additional information, please call the City Clerk's office at 707-942-2805.

**BY ORDER OF THE CALISTOGA  
CITY COUNCIL**

**Kathy Flamson**  
Deputy City Clerk  
City of Calistoga

*(Legals are set in 7 pt  
on 8.5 leading, which  
is smaller than the  
RFP requires and saves  
the city money.)*

7.75" at submitted  
contract rate: \$87.65

**EXHIBIT 2**  
(as requested in the RFP))



**ADMINISTRATIVE  
SERVICES TECHNICIAN**

**CITY OF CALISTOGA** – Salary: \$53,940 - \$65,544 plus benefits. The Administrative Services Technician reports directly to the Administrative Services Director and is responsible for providing a complete range of accounting work including payroll. Requires 3 years of progressively responsible accounting and payroll in a municipal agency.

Applications and other information may be obtained from the City of Calistoga, Personnel, 1232 Washington St., Calistoga, CA 94515 at (707) 942-2803; or on the city website at [www.ci.calistoga.ca.us](http://www.ci.calistoga.ca.us)

***Deadline to apply is February 1, 2014, 4:30 p.m. No faxes or email applications will be accepted.***

Display ad size 2 columns (4") by 4.5" deep.  
Cost at submitted contract rate: \$101.79



**UNITED STATES  
POSTAL SERVICE®**

**Statement of Ownership, Management, and Circulation  
(All Periodicals Publications Except Requester Publications)**

1. Publication Title <i>Calistoga Tribune</i>	2. Publication Number	3. Filing Date
	<i>1544-5805</i>	<i>9-30-13</i>

4. Issue Frequency <i>Weekly</i>	5. Number of Issues Published Annually <i>52</i>	6. Annual Subscription Price <i>\$35 sus, \$40 reg</i>
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7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) <i>1007 Washington St., #3 Calistoga, Ca 94515</i>	Contact Person <i>Pat Hampton</i>
	Telephone (include area code) <i>707-942-5181</i>

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)  
*P.O. Box 1176  
Calistoga, Ca 94515*

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)

Publisher (Name and complete mailing address)  
*Pat Hampton & Ramona Asmus  
2005 High Rocks Rd, Calistoga, Ca 94515*

Editor (Name and complete mailing address)  
*Pat Hampton  
P.O. Box 1176, Calistoga, Ca 94515*

Managing Editor (Name and complete mailing address)

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
<i>Palisades Publishing, LLC</i>	<i>2005 High Rocks Rd, Calistoga, Ca 94515</i>
<i>Pat Hampton</i>	<i>same</i>
<i>Ramona Asmus</i>	<i>same</i>

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box  None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)  
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

Has Not Changed During Preceding 12 Months  
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)



13. Publication Title <i>Calistoga Tribune</i>		14. Issue Date for Circulation Data Below <i>Sept 19, 2013</i>	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		<i>1,250</i>	<i>1,250</i>
b. Paid Circulation (By Mail and Outside the Mail)	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	<i>130</i>	<i>130</i>
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	<i>778</i>	<i>778</i>
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	<i>185</i>	<i>185</i>
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	<i>0</i>	<i>0</i>
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		<i>1,093</i>	<i>1093</i>
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541	<i>0</i>	<i>0</i>
	(2) Free or Nominal Rate In-County Copies Included on PS Form 3541	<i>0</i>	<i>0</i>
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	<i>0</i>	<i>0</i>
	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	<i>0</i>	<i>0</i>
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		<i>0</i>	<i>0</i>
f. Total Distribution (Sum of 15c and 15e)		<i>1,093</i>	<i>1,093</i>
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		<i>157</i>	<i>157</i>
h. Total (Sum of 15f and g)		<i>1,250</i>	<i>1,250</i>
i. Percent Paid (15c divided by 15f times 100)		<i>100</i>	<i>100</i>
16. <input type="checkbox"/> Total circulation includes electronic copies. Report circulation on PS Form 3526-X worksheet.			

17. Publication of Statement of Ownership

If the publication is a general publication, publication of this statement is required. Will be printed

Publication not required.

in the *Oct. 4, 2013* issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

Date

*pat hampton, publisher, mg member*

*9/30/13*

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).



Carl T. b 2/13/14

This form may be generated as the output of address matching processing using CASS-Certified™ software in conjunction with current USPS® address database files. Any facsimile must contain the same information in the same format as the printed form

### CASS™ Summary Report

See DMM® Section 708 for more information

#### A. Software

1. CASS Certified Company Name <b>Melissa Data</b>	2. CASS Certified Software Name & Version <b>AddressObject version 9.00.00.N</b>	3. Configuration <b>STD</b>
4. Z4Change Certified Company Name	5. Z4Change Certified Software Name & Version	6. Configuration
7. DirectDPV™ Certified Company Name	8. DirectDPV Certified Software Name & Version	9. Configuration
10. eLOT® Certified Company Name <b>Melissa Data</b>	11. eLOT Certified Software Name & Version <b>AddressObject version 9.00.00.N</b>	12. Configuration <b>STD</b>
1. MASS™ Certified Company Name	2. MASS Certified Software Name, Version & Model No.	3. Configuration
		4. MLOCR Serial No.

#### B. List

1. List Processor's Name	2. Date List Processed	3. Date of Database Product Used
	a. Master File <b>02/11/2014</b>	a. ZIP + 4® File <b>01/15/2014</b>
	b. Z4Change	b. Z4Change
	c. DirectDPV	c. DirectDPV
	d. eLOT <b>02/11/2014</b>	d. eLOT <b>1/15/2014</b>
	e. CRIS	e. CRIS
4. List Name or ID No. (if using ID No., number must start with ID#) <b>CAL TRIB 2-13-14.dbf</b>	5. Number of Lists <b>1</b>	6. Total Records Submitted for Processing <b>909</b>

#### C. Output

Output Rating	1. Total Coded	2. Validation Period	Output Rating	1. Total Coded	2. Validation Period
a. ZIP+4/DPV Confirmed	<b>908</b>	From To <b>02/11/2014 08/10/2014</b>	d. 5-Digit Coded	<b>908</b>	From To <b>02/11/2014 02/11/2015</b>
b. Z4Change Processed			e. CRRT Coded	<b>908</b>	From To <b>02/11/2014 05/12/2014</b>
c. DirectDPV		From To	f. eLOT Assigned	<b>908</b>	From To <b>02/11/2014 05/12/2014</b>

#### D. Mailer

I certify that the mailing submitted with this form has been coded (as indicated above) using CASS-certified software meeting all of the requirements listed in DMM Section 708.		3. Name and Address of Mailer <b>HEALDSBURG PRINTING, INC. PO BOX 980 HEALDSBURG, CA 95448</b>
1. Mailer's Signature 	2. Date Signed <b>2-13-14</b>	

#### E. Qualitative Statistical Summary (QSS)

For Informational Purposes Only: QSS is solely made available for the list processor's review and analysis. This information is not to be considered by the Postal Service personnel in determining rate eligibility under any circumstances. See reverse for a detailed explanation.

High Rise Default	High Rise Exact	RR Default	RR Exact	LacsLink®	EWS	SuiteLink®
<b>4</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Private Notice: For information regarding our Privacy Policy, visit [USPS.COM](http://USPS.COM)®.

Report: USPS Qualification Report  
 Entry: CALISTOGA, CA 94515  
 Sort: Periodicals, DMM 707.23  
 File: CAL TRIB 2-13-14.dbf  
 Publication Name: CALISTOGA TRIBUNE  
 Presort Object (Build 3007) ZAP ZC-20140101

Mailer:  
 Mail ID:  
 Date: 02/13/2014  
 Page 1 of 1  
 Publication No: 20698  
 Presort Version 9.01.00.0

Sack #	Sack Lvl	Sack ZIP	Pkg Dest	Zone	Copies	WS	HD	Rates					Running Total	Mailed To	Act Res		
								CR	5D	3D	BS	AD			MD	Dlv	Per
1	CRD	94515	C001	ICD	82			82						82			
2	CRD	94515	C002	ICD	122			122						204			
3	CRD	94515	C003	ICD	93			93						297			
4	CRD	94515	C004	ICD	92			92						389			
5	CRD	94515	R001	ICD	116			116						505			
6	CRD	94515	R003	ICD	123			123						628			
7	CR5	94515	B002	ICD	9			9						637			
			B003		9			9						646			
			B004		6			6						652			
			B005		8			8						660			
			B009		8			8						668			
			B010		6			6						674			

Totals 0 0 674 0 0 0 0 0 0 0 674

Rate Summary Pieces  
 Saturation(WS): 0  
 High Density(HD): 0  
 Basic(CR): 674  
 5-Digit(5D): 0  
 3-Digit(3D): 0  
 Basic(BS): 0  
 ADC(AD): 0  
 MADC(MD): 0  
 TOTAL Reg. Nonauto: 674

Outside County		Outside County	
Container Summary	Total Nbr	Bundle Summary	Total Nbr
5digit/Scheme	0	5digit/Scheme	0
3digit/SCF	0	3digit/Scheme	0
ADC	0	ADC	0
OMX/MADC	0	OMX/MADC	0
TOTAL	0		0

Presort Object (Build 3007)

Presort Version 9.01.00.0

Mailing Summary

Sort: (CALISTOGA, CA) DDU Enhanced CRRT WS/HD/LOT Flats

Entry: CALISTOGA, CA 94515

Job Number: 1

Page 1 of 1

Date: 02/11/2014

File: CAL TRIB 2-13-14.dbf

Cntr #	Cntr Lvl	Pkg Num	Zip	Group Dest	Container Destination	Pieces	Cntr Total
1	CRD	1	94515	C001	CALISTOGA CA 94515	48	
		2		C001		34	82
2	CRD	3	94515	C002	CALISTOGA CA 94515	48	
		4		C002		48	
		5		C002		26	122
3	CRD	6	94515	C003	CALISTOGA CA 94515	48	
		7		C003		45	93
4	CRD	8	94515	C004	CALISTOGA CA 94515	48	
		9		C004		44	92
5	CRD	10	94515	R001	CALISTOGA CA 94515	48	
		11		R001		48	
		12		R001		20	116
6	CRD	13	94515	R003	CALISTOGA CA 94515	48	
		14		R003		48	
		15		R003		27	123
7	CR5	16	94515	B002	CALISTOGA CA 94515	9	
		17		B003		9	
		18		B004		6	
		19		B005		8	
		20		B009		8	
		21		B010		6	46

Total Containers: 7

Total Packages: 21

Total Pieces: 674

Report: USPS Qualification Report  
 Entry: CALISTOGA CA 94515  
 Sort: Periodicals, DMM 707.23  
 File: CAL TRIB 2-13-14.dbf  
 Publication Name: CALISTOGA TRIBUNE  
 Presort Object (Build 3007) ZAP ZC-20140101

Mailer:  
 Mail ID:  
 Date: 02/13/2014  
 Page 1 of 1  
 Publication No: 20698  
 Presort Version 9.01.00.0

Sack #	Sack Lvl	Sack ZIP	Pkg Dest	Zone	Copies	WS	HD	Rates					Running Total	Mailed To	Act Dlv	Res Dlv Per	
								CR	5D	3D	BS	AD	MD				
1	CR3	945	94574 C001	IC	7			7								7	
			94574 C002		6			6								13	
			94574 R001		7			7								20	
<b>Totals</b>						0	0	20	0	0	0	0	0	0		20	

Rate Summary Pieces

Saturation(WS):	0
High Density(HD):	0
Basic(CR):	20
5-Digit(5D):	0
3-Digit(3D):	0
Basic(BS):	0
ADC(AD):	0
MADC(MD):	0
TOTAL Reg. Nonauto.	20

Outside County Container Summary	Total Nbr	WS	HD	Outside County Bundle Summary	Total Nbr
5digit/Scheme	0			5digit/Scheme	0
3digit/SCF	0			3digit/Scheme	0
ADC	0			ADC	0
OMX/MADC	0			OMX/MADC	0
TOTAL	0				0

Presort Object (Build 3007)  
Presort Version 9.01.00.0  
Mailing Summary  
Sort: Enhanced CRRT WS/HD/LOT Flats  
Entry: CALISTOGA CA 94515  
Job Number: 2

Page 1 of 1  
Date: 02/11/2014  
File: CAL TRIB 2-13-14.dbf

Cntr #	Cntr Lvl	Pkg Num	Zip	Group Dest	Container Destination	Pieces	Cntr Total
1	CR3	1	945	C001	OAKLAND CA 945	7	
		2		C002		6	
		3		R001		7	20
Total Containers:				1			
Total Packages:				3			
Total Pieces:				20			

Report: USPS Qualification Report  
 Entry: CALISTOGA CA 94515  
 Sort: Periodicals, DMM 705.9  
 File: CAL TRIB 2-13-14.dbf  
 Publication Name: CALISTOGA TRIBUNE  
 Presort Object (Build 3007) ZAP ZC-20140101

Mailer:  
 Mail ID:  
 Date: 02/13/2014  
 Page 1 of 1  
 Publication No: 20698  
 Presort Version 9.01.00.0

Sack #	Sack Lvl	Sack ZIP	Pkg Dest	Zone	Copies	5B	3B	BB	AB	MB	5D	3D	BS	AD	MD	Running Total
1	5DG	94574	94574	IC	25	25										25
2	3DG	945	S945	MXD	26		26									51
			94515	IC	16	16										67
			94558	IC	14	14										81
			S94559	IC	12	12										93
3	3DG	954	954	1&2	17		17									110
			S95405	1&2	14	14										124
			95404													
			95405													
			95409													
4	SCF	945	946	1&2	2					2						126
			949	1&2	4					4						130
			954	1&2	1									1		131
5	OMX	945	S940	1&2	8		8									139
			944													
			M945	MXD	34					34						173
			S950	1&2	7		7									180
			951													
			956	1&2	7		7									187
			A956	1&2	7				7							194
6	MADC	945	M945	MXD	21					21						215

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 Totals 81 65 0 7 61 0 0 0 0 1 215

Rate Summary Pieces  
 Automation 5-Digit(5B): 81  
 Automation 3-Digit(3B): 65  
 Automation ADC(AB): 7  
 Automation MADC(MB): 61  
 Automation Basic(BB): 0  
 Total Automation 214

Non-Automation 5-Digit(5D): 0  
 Non-Automation 3-Digit(3D): 0  
 Non-Automation ADC(AD): 0  
 Non-Automation MADC(MD): 1  
 Non-Automation Basic(BS): 0  
 Total Non-Automation 1

Outside County  
 Container Summary Total Nbr  
 5digit/Scheme 0  
 3digit/SCF 3  
 ADC 0  
 OMX/MADC 2  
 TOTAL 5

Outside County  
 Bundle Summary Total Nbr  
 5digit/Scheme 1  
 3digit/Scheme 8  
 ADC 1  
 OMX/MADC 5  
 15

Presort Object (Build 3007)  
 Presort Version 9.01.00.0  
 Mailing Summary  
 Sort: PER Co-Sacked Auto/Nonauto Flats  
 Entry: CALISTOGA CA 94515  
 Job Number: 3

Page 1 of 1  
 Date: 02/11/2014  
 File: CAL TRIB 2-13-14.dbf

Cntr #	Cntr Lvl	Pkg Num	Zip	Group Dest	Container Destination	Pieces	Cntr Total
1	5DG	1	94574	94574	SAINT HELENA CA 94574	25	25
2	3DGS	2	945	945	OAKLAND CA 945	26	
		3		94515		16	
		4		94558		14	
		5		94559		12	68
3	3DGS	6	954	954	NORTH BAY CA 954	17	
		7		95405		14	31
4	3DG	8	945	946	SCF OAKLAND CA 945	2	
		9		949		4	
		10		954		1	7
5	MADC	11	945	940	OMX OAKLAND CA 945	8	
		12		M945		34	
		13		950		7	
		14		956		7	
		15		A956		7	63
6	MADC	16	945	M945	MXD OAKLAND CA 945	21	21
Total Containers:			6				
Total Packages:			16				
Total Pieces:			215				





Carl T. b 6/5/14

This form may be generated as the output of address matching processing using CASS-Certified™ software in conjunction with current USPS® address database files. Any facsimile must contain the same information in the same format as the printed form

**CASS™ Summary Report**

See DMM® Section 708 for more information

**A. Software**

1. CASS Certified Company Name <b>Melissa Data</b>	2. CASS Certified Software Name & Version <b>AddressObject version 9.10.00.N</b>	3. Configuration <b>STD</b>
4. Z4Change Certified Company Name	5. Z4Change Certified Software Name & Version	6. Configuration
7. DirectDPV™ Certified Company Name	8. DirectDPV Certified Software Name & Version	9. Configuration
10. eLOT® Certified Company Name <b>Melissa Data</b>	11. eLOT Certified Software Name & Version <b>AddressObject version 9.10.00.N</b>	12. Configuration <b>STD</b>
1. MASS™ Certified Company Name	2. MASS Certified Software Name, Version & Model No.	3. Configuration
		4. MLOCR Serial No.

**B. List**

1. List Processor's Name	2. Date List Processed	3. Date of Database Product Used
	a. Master File <b>06/04/2014</b>	a. ZIP + 4® File <b>04/15/2014</b>
	b. Z4Change	b. Z4Change
	c. DirectDPV	c. DirectDPV
	d. eLOT <b>06/04/2014</b>	d. eLOT <b>4/15/2014</b>
	e. CRIS	e. CRIS
4. List Name or ID No. (If using ID No., number must start with ID#) <b>CAL TRIB 6-5-14.dbf</b>	5. Number of Lists <b>1</b>	6. Total Records Submitted for Processing <b>905</b>

**C. Output**

Output Rating	1. Total Coded	2. Validation Period	Output Rating	1. Total Coded	2. Validation Period
a. ZIP+4/DPV Confirmed	<b>904</b>	From To <b>06/04/2014 12/01/2014</b>	d. 5-Digit Coded	<b>904</b>	From To <b>06/04/2014 06/04/2015</b>
b. Z4Change Processed			e. CRRT Coded	<b>904</b>	From To <b>06/04/2014 09/02/2014</b>
c. DirectDPV		From To	f. eLOT Assigned	<b>904</b>	From To <b>06/04/2014 09/02/2014</b>

**D. Mailer**

I certify that the mailing submitted with this form has been coded (as indicated above) using CASS-certified software meeting all of the requirements listed in DMM Section 708.		3. Name and Address of Mailer <b>HEALDSBURG PRINTING, INC. PO BOX 980 HEALDSBURG, CA 95448</b>
1. Mailer's Signature 	2. Date Signed <b>6-5-14</b>	

**E. Qualitative Statistical Summary (QSS)**

For Informational Purposes Only: QSS is solely made available for the list processor's review and analysis. This information is not to be considered by the Postal Service personnel in determining rate eligibility under any circumstances. See reverse for a detailed explanation.

High Rise Default	High Rise Exact	RR Default	RR Exact	LacsLink®	EWS	SuiteLink®
<b>4</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Private Notice: For information regarding our Privacy Policy, visit [USPS.COM](http://USPS.COM).

Report: USPS Qualification Report  
 Entry: CALISTOGA, CA 94515  
 Sort: Periodicals, DMM 707.23  
 File: CAL TRIB 6-5-14.dbf  
 Publication Name: CALISTOGA TRIBUNE  
 Presort Object (Build 3104) ZAP ZC-20140401

Mailer:  
 Mail ID:  
 Date: 06/05/2014  
 Page 1 of 1  
 Publication No: 20698  
 Presort Version 9.01.00.0

Sack #	Sack Lvl	Sack ZIP	Pkg Dest	Zone	Copies	WS	HD	Rates				MD	Running Total	Mailed To	Act Res			
								CR	5D	3D	BS				AD	Dlv	Dlv	Per
1	CRD	94515	C001	ICD	84			84					84					
2	CRD	94515	C002	ICD	122			122					206					
3	CRD	94515	C003	ICD	94			94					300					
4	CRD	94515	C004	ICD	90			90					390					
5	CRD	94515	R001	ICD	112			112					502					
6	CRD	94515	R003	ICD	125			125					627					
7	CRS	94515	B002	ICD	10			10					637					
			B003		9			9					646					
			B004		7			7					653					
			B005		8			8					661					
			B009		8			8					669					
			B010		6			6					675					
Totals						0	0	675	0	0	0	0	0	675				

Rate Summary Pieces  
 Saturation(WS): 0  
 High Density(HD): 0  
 Basic(CR): 675  
 5-Digit(5D): 0  
 3-Digit(3D): 0  
 Basic(BS): 0  
 ADC(AD): 0  
 MADC(MD): 0  
 TOTAL Reg. Nonauto. 675

Outside County		Outside County	
Container Summary	Total Nbr	Bundle Summary	Total Nbr
5digit/Scheme	0	5digit/Scheme	0
3digit/SCF	0	3digit/Scheme	0
ADC	0	ADC	0
OMX/MADC	0	OMX/MADC	0
TOTAL	0		0

Presort Object (Build 3104)  
 Presort Version 9.01.00.0  
 Mailing Summary  
 Sort: (CALISTOGA, CA) DDU Enhanced CRRT WS/HD/LOT Flats  
 Entry: CALISTOGA, CA 94515  
 Job Number: 1

Cntr #	Cntr Lvl	Pkg Num	Zip	Group Dest	Container Destination	Pieces	Cntr Total
1	CRD	1	94515	C001	CALISTOGA CA 94515	48	84
		2		C001		36	
2	CRD	3	94515	C002	CALISTOGA CA 94515	48	122
		4		C002		26	
		5		C002		48	
		6		C003		46	
3	CRD	7	94515	C003	CALISTOGA CA 94515	48	94
		8		C003		42	
4	CRD	9	94515	C004	CALISTOGA CA 94515	48	90
		10		C004		48	
		11		R001		48	
		12		R001		16	
5	CRD	13	94515	R001	CALISTOGA CA 94515	48	112
		14		R003		48	
		15		R003		29	
		16		R003		10	
6	CRD	17	94515	B002	CALISTOGA CA 94515	9	125
		18		B003		7	
		19		B004		8	
		20		B005		8	
		21		B009		8	
		22		B010		6	

Total Containers: 7  
 Total Packages: 21  
 Total Pieces: 675

Report: USPS Qualification Report  
 Entry: CALISTOGA CA 94515  
 Sort: Periodicals, DMM 707.23  
 File: CAL TRIB 6-5-14.dbf  
 Publication Name: CALISTOGA TRIBUNE  
 Presort Object (Build 3104) ZAP ZC-20140401

Mailer:  
 Mail ID:  
 Date: 06/05/2014  
 Page 1 of 1  
 Publication No: 20698  
 Presort Version 9.01.00.0

Sack #	Sack Lvl	Sack ZIP	Pkg Dest	Zone	Copies	WS	HD	Rates				Running Total	Mailed To	Act Div	Res Div	Per
								CR	5D	3D	BS					
1	CR3	945	94574 C001	IC	7			7				7				
			94574 R001		8			8				15				
Totals						0	0	15	0	0	0	0	0	0	0	0

Rate Summary Pieces  
 Saturation(WS): 0  
 High Density(HD): 0  
 Basic(CR): 15  
 5-Digit(5D): 0  
 3-Digit(3D): 0  
 Basic(BS): 0  
 ADC(AD): 0  
 MADC(MD): 0  
 TOTAL Reg. Nonauto. 15

Outside County	Total Nbr	Outside County	Total Nbr
Container Summary	0	Bundle Summary	0
5digit/Scheme	0	5digit/Scheme	0
3digit/SCF	0	3digit/Scheme	0
ADC	0	ADC	0
OMX/MADC	0	OMX/MADC	0
TOTAL	0		0

Presort Object (Build 3104)  
Presort Version 9.01.00.0  
Mailing Summary  
Sort: Enhanced CRRT WS/HD/LOT Flats  
Entry: CALISTOGA CA 94515  
Job Number: 2

Cntr #	Cntr Lvl	Pkg Num	Zip	Group Dest	Container Destination	Pieces	Cntr Total
1	CR3	1 2	945	C001 R001	OAKLAND CA 945	7 8	15
Total Containers:			1				
Total Packages:			2				
Total Pieces:			15				

Report: USPS Qualification Report  
 Entry: CALISTOGA CA 94515  
 Sort: Periodicals, DMM 705.9  
 File: CAL TRIB 6-5-14.dbf  
 Publication Name: CALISTOGA TRIBUNE  
 Presort Object (Build 3104) ZAP ZC-20140401

Mailer:  
 Mail ID:  
 Date: 06/05/2014  
 Page 1 of 1  
 Publication No: 20698  
 Presort Version 9.01.00.0

Sack #	Sack Lvl	Sack ZIP	Pkg Dest	Zone	Copies	Rates		5D	3D	BS	AD	MD	Running Total			
						5B	3B							BB	AB	MB
1	5DG	94574	94574	IC	30			30					30			
2	3DG	945	945	MXD	26				26				56			
			94515	IC	18				18				74			
			94558	IC	12				12				86			
			S94559	IC	11				11				97			
			954	IC	11				11				116			
3	3DG	954	954	SCF	19			13	19				129			
			S95405	SCF	13								142			
			95404									2	131			
			95405									1	132			
			95409									2	134			
4	SCF	945	946	SCF	2							4	138			
			947	SCF	1								139			
			948	SCF	2								141			
			949	SCF	4								145			
			940	1&2	6				6		8		151			
5	OMX	945	A940	MXD	8							29	159			
			M945	MXD	29						7		188			
			A950	1&2	7				7				195			
			956	1&2	6				6			21	201			
6	MADC	945	M945	MXD	21								215			
Totals																
						0	0	0	0	0	84	57	0	15	59	215

Rate Summary  
 Automation 5-Digit(5B): 0  
 Automation 3-Digit(3B): 0  
 Automation ADC(AB): 0  
 Automation MADC(MB): 0  
 Automation Basic(BB): 0  
 Total Automation 0

Non-Automation 5-Digit(5D): 84  
 Non-Automation 3-Digit(3D): 57  
 Non-Automation ADC(AD): 15  
 Non-Automation MADC(MD): 59  
 Non-Automation Basic(BS): 0  
 Total Non-Automation 215

Outside County  
 Container Summary  
 5digit/Scheme 3  
 3digit/SCF 0  
 ADC 2  
 OMX/MADC 2  
 TOTAL 5

Outside County  
 Bundle Summary  
 5digit/Scheme 1  
 3digit/Scheme 8  
 ADC 2  
 OMX/MADC 6  
 Total Nbr 17

Presort Object (Build 3104)  
 Presort Version 9.01.00.O  
 Mailing Summary  
 Sort: PER Co-Sacked Auto/Nonauto Flats  
 Entry: CALISTOGA CA 94515  
 Job Number: 3

Page 1 of 1  
 Date: 06/04/2014  
 File: CAL TRIB 6-5-14.dbf

Cntr #	Cntr Lvl	Pkg Num	Zip	Group Dest	Container Destination	Pieces	Cntr Total
1	5DG	1	94574	94574	SAINT HELENA CA 94574	30	30
2	3DGS	2	945	945	OAKLAND CA 945	26	
		3		94515		18	
		4		94558		12	
		5		94559		11	67
3	3DGS	6	954	954	NORTH BAY CA 954	19	
		7		95405		13	32
4	3DG	8	945	946	SCF OAKLAND CA 945	2	
		9		947		1	
		10		948		2	
		11		949		4	9
5	MADC	12	945	940	OMX OAKLAND CA 945	6	
		13		A940		8	
		14		M945		29	
		15		A950		7	
		16		956		6	56
6	MADC	17	945	M945	MXD OAKLAND CA 945	21	21

Total Containers: 6  
 Total Packages: 17  
 Total Pieces: 215