

# Notice for “Physical Address” on upcoming revamped Credential Cards

Greetings Fellow American State Nationals and Citizens

I am happy to announce the LRO credential cards are being revamped to include the by:line autograph, a printed/expiration date and a physical address, this is in hopes that the banks, PEOs, corporations and their agents will be more accepting...we'll know in good time and I wanted to thank everyone ahead of time for your patience and fortitude

Now, In relation to the physical address it is widely known the coppermoonshinestill passport process-

<https://www.coppermoonshinestills.com/beat-the-law-state-citizen-passport/>

Take notice Line 8. Mailing Address & 19. Permanent Address (No PO BOX)

Please note the email exchange I had with Anna in regards to the Physical Address below-

-----From Me to Anna-----

Concerning the address, when using the coppermoonshinestills method to attain a US Passport Card via DS-11 one is able to applying use both a Rural Free Delivery and a PO Box in the form of a street address...Never once have I or my handful of ASN/C friends been denied the cards...I highly recommend either or but certainly not the address where one is living, that is private.

---Anna’s Responses---

Also, there needs to be a physical address -- can't use a P.O. Box

You need a physical address — **Rural Route will work**. It's also okay to use the Highway address like “Milepost 3.1 Glenallen Highway” or “N2748 Highway 12 and 27”

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So from my understanding we are not to use a PO BOX for the “physical address”... we can either use a PO BOX in the **form of a street address**, RFD “Rural Free Delivery”, private mailing address (Pony Express etc) or a Highway address, as Anna stated above.

I prefer to use a PO BOX in the form of a street address and have for years now. With regards to applying for a PO BOX with our Public Transmitting Utility (FIRST MI. LAST) as a business entity please view the attached PDF for instructions below.

Finally, Please email me at - [wa-pauljamesbrandl@mail.americanstatenationals.us](mailto:wa-pauljamesbrandl@mail.americanstatenationals.us) - the address you wish to use on the front of the cards and correct any errors that you have in your documents such as the Witness Testimonies and Certificate of Assumed Names...Keep in mind I'll also need a proper mailing address to ship the cards to, so either your domicile address, a friend's house or a PO BOX thanks.

Physical Address: (front of Credentials)

Mailing Address: (held in privacy in LRO)

In Care of

In Care of

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Box Number(s) \_\_\_\_\_

### Application for Post Office Box™ Service

Fill out all non-shaded fields, and take this application to the Post Office™.

1. This service is for (Required selection):  Business/Organization Use  Residential/Personal Use

2. Name of Business/Organization (if applicable): FIRST MI. LAST

3. Name of Person Applying (Last, First, MI — include title if representing a business/organization): First Middle Last: Administrator

4. Address: Number, Street, Suite In care of 12345 freedom Ave  
  
City freedomville State Wash ZIP+4® [12345]

Verify initials

5. Telephone Number (Include Area Code)

6. Email Address

7. Box Size(s) (Required) See page 1 for details  Size 1  Size 2  Size 3  Size 4  Size 5

8. Applicant must select and enter the ID Number for two separate forms of valid identification listed below. You must present the IDs at a Post Office. One item must contain a photograph and one must be traceable to the bearer (prove your physical address). Both must be current.

**Select one photo ID:**

- Valid U.S. driver's license or state non-driver's ID card
- U.S. Armed forces, government, university, or recognized corporate employee ID
- Passport, passport card, alien registration card, or certificate of naturalization
- NEXUS or Matricular Consular card

**Select one non-photo ID:**

- Current lease, mortgage, or deed of trust
- Voter or vehicle registration card
- Home or vehicle insurance policy

Photo ID Number: \_\_\_\_\_

Non-Photo ID Number: \_\_\_\_\_

Verify initials (For Post Office Use Only) \_\_\_\_\_

9. On the back of this form, list the name(s) of all individuals, including members of a business, who will be receiving mail at this (these) PO Box number(s).

10. On the back of this form, list the names of the persons or representatives of the business/organization authorized to pick up mail addressed to this (these) PO Box number(s).

**Optional Automatic Renewal Payment — Terms and Agreement (Required for 3-month payment option)**

By initialing below and establishing automatic renewal payments at a Post Office, I hereby authorize the U.S. Postal Service® (USPS®) to charge my credit card for the amount of my designated box size per USPS pricing on the scheduled interval I have selected (i.e., 3, 6, or 12 months). This charge could appear on my credit card statement as early as the 15th of the month prior to the due date. If I provided my email address, I understand that I will receive email notification at least 10 days prior to the actual credit card charge. I will also receive a payment due notice in my PO Box before the payment due date. I understand that I may cancel the automatic payment option any time after the initial application/payment process is complete during the business hours at the Post Office where my box is located. If I do not cancel by the 14th of the month prior to the next payment due date, I understand that the payment will be charged to my credit card. I understand that if the payment cannot be transacted due to incorrect or obsolete payment information or the transaction would exceed the credit limit of the account, or the bank or credit card company rejects/returns the payment request, my PO Box may be closed and any mail received after closure would be returned to the sender. If my PO Box is closed for nonpayment, I understand that I could be charged a late payment fee to reactivate my PO Box service. If there are any changes to my credit card number, billing address, or expiration date, I agree to notify the Post Office where my box is located of these changes. I understand that this agreement will remain in effect until I or USPS terminates the PO Box service. The USPS may receive updated credit card account information from the institution that issued the card identified for payment. If I decide to close my PO Box, I must visit the Post Office where my box is located during business hours. (See the PO Box refund policy for information on refunds.) The USPS may terminate my participation under this automatic payment agreement in the event I provide incorrect, false, or fraudulent account information or if I have any returned payment items.

**Customer Initials** \_\_\_\_\_ **Billing Address (if different from address in 4 above):**

Number, Street, Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4® \_\_\_\_\_

Application Date

Number of Keys Issued

Customer Eligible for No-Fee Service

Yes  No

**Signature of Applicant (Same as item 3)** I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

By: First Middle Last (c) (cursive blue) Administrator & Owner

Post Office Date Stamp