

RECEIVED-FPSC

13 JUN -7 AM 9:02

COMMISSION
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) HANS VAN KOMPENBORG</p> <p>C. Date of Delivery 6/1/13</p>
<p>1. Article Addressed to: 130110-TX</p> <p>SIP Interchange Corporation 6700 Woodlands Parkway, Suite 230-220 The Woodlands, TX 77382-2575</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>77381 JUN 01 2013</p>
<p>PSC-13-0224-PAA-TX</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 0780 0002 2867 8925</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-01-M-1540</p>

DOCUMENT NUMBER-DATE

03128 JUN-7 2013

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