

RECEIVED-FPSC

13 JUL -1 AM 9:08

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>x Haley Van Klompenberg</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <i>Haley Van Klompenberg</i></p> <p>C. Date of Delivery  <i>6/27/13</i></p>	
<p>1. Article Addressed to:</p> <p>SIP Interchange Corporation          6700 Woodlands Parkway, Suite 230-220          The Woodlands, TX 77382-2575</p> <p><i>130110 TX</i>  <i>PSC 13-0293 CO TX</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <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) <u>7010 0780 0002 2867 9090</u></p>		