

UT-131214
Om-711113
No Action



*Washington Utilities & Transportation Commission
1300 S Evergreen Park Drive SW
Olympia, WA 98504-7250*

Re: Agency #2150

To whom it may concern:

Telmate LLC provides VoIP services for correctional facilities in the state of Washington. Upon numerous discussions with the UTC, it was determined that our revenue does not qualify for the regulatory fees and we wish to close our account. Please credit the enclosed invoice #1531-3 as no payment is due. You can contact me with any questions at the number below.

Thank you,

Lisa Garcia

compliance@telmate.com

415-300-4503



Corrected Invoice
INVOICE

Utilities & Transportation Commission
1300 S. Evergreen Park Drive S.W.
Olympia, Washington 98504-7250
(360) 664-1349 Accounts Receivable
(360) 664-1289 Fax
Federal Tax ID: 91-6001121

DATE: June 11, 2013

AGENCY NO: 2150

INVOICE NO: 1531 - 3

TO: Accounts Payable
TELMATE LLC
234 Front Street Floor 2
San Francisco, CA, 94111

| Reference | |
|------------------------------------|------------|
| Annual Report 2012 Regulatory Fees | |
| Description | Amount |
| Amount due for Regulatory Fees | \$3,807.42 |
| Penalty (** Late Fee of 2%) | \$76.15 |
| Interest (* 1% per month late) | \$98.07 |
| | |
| | |
| | |
| Due Upon Receipt | \$3,921.64 |

Per RCW 80.24.010-Companies to file reports of gross operating revenue and pay fees by May 1 of each year. **Any payment of the fee imposed by this section made after its due date shall include a late fee of two percent of the amount due. *Delinquent fees shall accrue interest at the rate of one percent per month.

Detach here

Please return this portion with your payment

INVOICE NO: 1531 - 3
TOTAL DUE: \$3,921.64

Name: TELMATE LLC

Please remit payment to: Utilities and Transportation Commission
Attn: Financial Services
PO Box 47250
Olympia WA 98504-7250

Type of payment: (Do not send cash in the mail.)

Check Money order Credit card AMEX Discover VISA Mastercard Exp date: Mo. /Yr.

Certification: I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the total amount due according to the card issuer agreement.

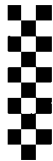
Name, printed _____ *For information about online payments, see above.

Customer's signature _____ Date _____

| AGENCY USE ONLY | |
|-------------------|--|
| Receipt ID | |
| Payment ID | |
| Supplemental Info | |
| Amount Received | |
| Date Received | |

If you have any questions concerning this invoice please call Accounts Receivable at 360-664-1349

Go Green! Pay your invoices online @ payments.utc.wa.gov



FAX COVER SHEET

TO

COMPANY

FAX NUMBER 13606641289

FROM Dinh Huynh

DATE 2013-06-25 23:40:43 GMT

RE Corrected Invoice

COVER MESSAGE

Please find enclosed the corrected invoice for Agency No. 2150. Invoice NO. 1531 - 3