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THE STATE BAR OF CALIFORNIA
BOARD OF LEGAL SPECIALIZATION

July 9, 2019

VIA WI E-FILING

Franchise Examiner
Department of Financial Institutions
Division of Securities
345 West Washington Avenue, 4th Floor
Madison, Wisconsin 53703-2701

Dear Sir or Madam:

On behalf of our client, **Blue Stamp Franchise Company**, doing business as Postal Connections and iSold It ("Applicant") [**File No. 617545**], to amend Applicant's franchise registration Wisconsin, enclosed are the following:

1. Uniform Franchise Registration Post-Effective No. 1 Amendment Application (Form A).
2. One complete copy of Applicant's franchise disclosure document, including Franchise Agreement and other exhibits in Adobe PDF Format.

The required state filing fee in the amount of \$200.00 has been paid by credit card.

Please review these enclosures at your earliest convenience and notify us when the amended registration is granted, or of any comments or questions you may have.

Very truly yours,



DON M. DRYSDALE

Enclosures

FORM A – Uniform Franchise Registration Application**UNIFORM FRANCHISE REGISTRATION APPLICATION**File No. 617545(Insert file number of immediately
preceding filing of Applicant)Fee: \$200.00State: WisconsinDate: June 14, 2019**APPLICATION FOR (Check only one):** **INITIAL REGISTRATION OF AN OFFER OR SALE OF FRANCHISES** **RENEWAL APPLICATION OR ANNUAL REPORT** **AMENDMENT NUMBER _____ TO APPLICATION
PRE-EFFECTIVE AMENDMENT** **AMENDMENT NUMBER 1 TO APPLICATION
POST-EFFECTIVE MATERIAL AMENDMENT****1. Full legal name of Franchisor:**

Blue Stamp Franchise Company

2. Name of the franchise offering:

Postal Connections and iSold It

3. Franchisor's principal business address:

6136 Frisco Square Blvd., Ste. 400, Frisco, Texas 75034-3251.

**4. Name and address of Franchisor's agent in this State authorized to receive
service of process:**Wisconsin Commissioner of Securities, 201 W Washington Avenue, Suite 300,
Madison, Wisconsin 53703-2640.**5. The states in which this application is or will be shortly on file:**California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, Rhode
Island, Virginia, Washington, and Wisconsin.

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Don M. Drysdale; Lee, Hong, Degerman, Kang & Waimey; 3501 Jamboree Road, Suite 6000, Newport Beach, California 92660-2960, telephone (949) 419-8730 and facsimile (949) 856-3245; E-mail: ddrysdale@lhlaw.com

CERTIFICATION

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of April 10, 2019 (amended June 14, 2019), as it may be amended, attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at San Diego, California, on June 17, 2019.

FRANCHISOR:

BLUE STAMP FRANCHISE COMPANY

By: [Signature]
Name: Andy Thompson
Title: Chief Executive Officer

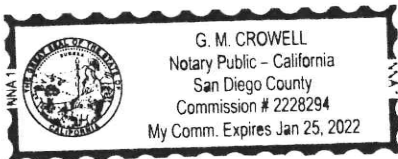
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.:
COUNTY OF SAN DIEGO)

On June 17, 2019, before me, Gale M Crowell, Notary Public, personally appeared Andy Thompson, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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 [Signature]
Notary Public

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