



0000000618



CARL J. KUNASEK
CHAIRMAN
JIM IRVIN
COMMISSIONER
WILLIAM A. MUNDELL
COMMISSIONER

ARIZONA CORPORATION COMMISSION

2000 JUL -6 P 3:14

NOTICE

AZ CORP COMMISSION
DOCUMENT CONTROL

TO: POWER PLANT AND TRANSMISSION LINE SITING COMMITTEE
MEMBERS AND INTERESTED PARTIES

SUBJECT: DUKE ENERGY MARICOPA, LLC
DOCKET NO. L-00000P-99-0098

DATE: July 5, 2000

Enclosed for your review is a corrected copy of the proposed Certificate of Environmental Compatibility in Case No. 98, which reflects Mr. Robert Bergers attendance.

Please replace page (1) in your original file.

Sincerely,

Alicen Perry
Utilities Division

1 **BEFORE THE ARIZONA POWER PLANT AND**
2 **TRANSMISSION LINE SITING COMMITTEE**

3 IN THE MATTER OF THE APPLICATION
4 OF DUKE ENERGY MARICOPA, LLC IN
5 CONFORMANCE WITH THE
6 REQUIREMENTS OF ARIZONA REVISED
7 STATUTES 40-360.01 ET SEQ., FOR A
8 CERTIFICATE OF ENVIRONMENTAL
9 COMPATIBILITY AUTHORIZING
10 CONSTRUCTION OF NATURAL GAS-
11 FIRED, COMBINED CYCLE GENERATING
12 FACILITIES AND ASSOCIATED
13 TRANSMISSION LINE NEAR ARLINGTON
14 IN MARICOPA COUNTY, ARIZONA.

CASE NO. 98

DOCKET NO. L-00000P-99-0098

DECISION NO. _____

10 **CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY**

11 Pursuant to notice given as provided by law, the Arizona Power Plant and Transmission
12 Line Siting Committee (the "Committee), held public hearings at the Arizona Corporation
13 Commission, 1200 W. Washington, Phoenix, Arizona, on March 9, 2000, and May 5, 2000, in
14 conformance with the requirements of Arizona Revised Statutes section 40-360, *et seq.*, for the
15 purpose of receiving evidence and deliberating on the Application of Duke Energy Maricopa LLC
16 ("Duke") for a Certificate of Environmental Compatibility ("Certificate") in the above-captioned
17 case.

18 The following members or designees of members of the Committee were present for the
19 hearing on the Application:

20 Charles S. Pierson ¹	Chairman, Designee for Arizona Attorney General Janet Napolitano
21 Steve Olea	Designee for the Chairman of the Arizona Corporation Commission
22 Richard Tobin	Deputy Director, Arizona Department of Environmental Quality
23 Dennis Sundie	Designee for the Director of the Department of Water Resources
24 Mark McWhirter	Designee for the Director of the Energy Office of the Arizona Department of Commerce
25 Robert Berger	Appointed Member

26
27
28 ¹Mr. Pierson, who did not vote on this application, retired before this Certificate of Environmental
Compatibility was prepared. Accordingly, it was signed by the undersigned as successor chairman.

Decision No. _____

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

US Postal Service
 P 618 188 037
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse).
 Chairman Paul Bullis
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ 85007

L-00000 P-00-0098

P 618 881 817 P
 L-00000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent To	Mark McWhorter	
Street & Number	Director Energy Office	
Post Office, State, & ZIP Code	3800 North Central #1200	
Postage	Phoenix, AZ 85012	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	
Postmark or Date		

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

DOCKET NO. L-00000 P-99-0098

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Chairman Paul Bullis
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ 85007

4a. Article Number
 P 618 188 037

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 P. Bullis

6. Signature (Addressee or Agent)
 P. Bullis

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

DOCKET NO. L-00000 P-99-0098

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Mark McWhorter
 Director Energy Office
 Dept. of Commerce
 3800 North Central #1200
 Phoenix, AZ 85012

4a. Article Number
 P 618 188 039

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 6/21

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Susan D. Perry

6. Signature (Addressee or Agent)
 Susan D. Perry

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back, if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Dennis Sundie
 Department of Water Resource
 500 North 3rd Street
 Phoenix, AZ 85004-3903

4a. Article Number: 618 188 040
4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 6/28/92

5. Received By: (Print Name)
 KATY G LEE

6. Signature (Addressee or Agent)
Katy G Lee

PS Form 3811, December 1994

DOCKET NO. L-00 000 P-99 - 0098

P 618 188 040
 L-00 000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: Arlo Lee
Street & Number: P.O. Box 207
Post Office, State, & ZIP Code: St. Johns, AZ 85936

Postage: \$
Certified Fee:
Special Delivery Fee:
Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:
Return Receipt Showing to Whom, Date, & Addressee's Address:

TOTAL Postage & Fees: \$
Postmark or Date:

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Rick Tobin
 Department of Environmental Quality
 3033 North Central Ave M0101B
 Phoenix, AZ 85012-2809

4a. Article Number: P618 188 138
4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery: 06 22 2000

5. Received By: (Print Name)
 Rick Tobin

6. Signature (Addressee or Agent)
Rick Tobin

PS Form 3811, December 1994

DOCKET NO. L-00 000 P-00-0098

P 618 188 038
 L-00 000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: Rick Tobin
Street & Number: Dept of Environmental Quality
Post Office, State, & ZIP Code: 3033 North Central M0101B
 Phoenix, AZ 85012-2809

Postage: \$
Certified Fee:
Special Delivery Fee:
Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:
Return Receipt Showing to Whom, Date, & Addressee's Address:

TOTAL Postage & Fees: \$
Postmark or Date:

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

L-00000 P-00-0098

P 618 188 043

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Sandie Smith
Pinal County Board of Supervisors
575 North Idaho Road #101
Apache Junction, AZ 85219

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

DOCKET NO. L-00000 P-00-0098

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Sandie Smith
Pinal County Board of Supervisors
575 North Idaho Road #101
Apache Junction, AZ 85219

4a. Article Number

P618 188 043

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

6/21/00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
CAROL E. GILLIAM

6. Signature (Addressee or Agent)
Carol E. Gilliam

102585-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

L-00000 P-00-0098

P 618 188 042

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

DOCKET NO. L-00000 P-00-0098

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Robert Berger
Nina M. Pulliam Trust
200 East Van Buren
Phoenix, AZ 85004

4a. Article Number

P618 188 042

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

6/22/00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
LINDA ROSS

6. Signature (Addressee or Agent)
Linda Ross

102585-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: **DOCKET NO.** L-00000 P-09-0098

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Dennis Sundie
 Department of Water Resources
 500 North 3rd Street
 Phoenix, AZ 85004-3903

4a. Article Number: P618 188 045

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery: JUN 21 2000

8. Addressee's Address (Only if requested and fee is paid):
 PHOENIX, AZ 85004
 PS - 85004

5. Received By: (Print Name) BEARDN
 6. Signature (Addressee or Agent) [Signature]

PS Form 3811, December 1994 102595-99-9-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 045
 L-00000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: Dennis Sundie
 Street & Number: Dept. of Water Resources
 Post Office, State, & ZIP Code: 500 North 3rd Street Phoenix AZ 85004-3903

Postage: \$

Certified Fee: \$

Special Delivery Fee: \$

Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$

Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$

Postmark or Date:

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: **DOCKET NO.** L-00000 P-09-0098

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Jeff Maguire
 P.O. Box 1046
 Sun City, AZ 85372

4a. Article Number: P618 188 044

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery: JUN 23 2000

8. Addressee's Address (Only if requested and fee is paid):
 SUN CITY, AZ 85372

5. Received By: (Print Name) [Signature]
 6. Signature (Addressee or Agent) [Signature]

PS Form 3811, December 1994 102595-99-9-0223 Domestic Return Receipt

L-00000 P-00-0098
 P 618 188 044

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: Jeff Maguire
 Street & Number: P.O. Box 1046
 Post Office, State, & ZIP Code: Sun City, AZ 85372

Postage: \$

Certified Fee: \$

Special Delivery Fee: \$

Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$

Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$

Postmark or Date:

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: POCKET NO. L-00-000 P-99-0098

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Patricia D. Fleischauer
ENSR
35 Nagoy Park
Acton, MA 01720

4a. Article Number: PL18 188 048

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
Patricia D. Fleischauer

6. Signature (Addressee or Agent)
Patricia D. Fleischauer

8. Addressee's Address (Only if requested and fee is paid)
 ACTON, MA 01720
 102595-99-B-0223 Domestic Return Receipt

PS Form 3800, December 1994

Thank you for using Return Receipt Service.

L-00 000 P-00 - 0098
 P 618 188 048

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
Patricia D. Fleischauer

Street & Number
ENSR

Post Office, State, & ZIP Code
35 Nagoy Park

Postage *Acton, MA 01720*

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

5661 April 1994 PS Form 3800

Is your RETURN ADDRESS completed on the reverse side?

SENDER: DOCKET NO. L-00-000 P-99-0098

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Duke Energy Maricopa LLC
5400 Westheimer Court
Houston, Texas 77056-5310

4a. Article Number: PL18 188 046

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name)
R. Reid

6. Signature (Addressee or Agent)
R. Reid

7. Date of Delivery
6-22

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

L-00 000 P-00 - 0098
 P 618 188 046

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Duke Energy Maricopa LLC
5400 Westheimer Court
Houston, TX 77056-5310

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

5661 April 1994 PS Form 3800

P 618 188 050
 L-00 000 P-00 - 0098
 US Postal Service
Receipt for Certified Mail

Fulton Brock
 Maricopa County Board Supervisors
 301 West Jefferson
 Phoenix, AZ 85003

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

DOCKET NO. L-00 000 P-99 - 0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Fulton Brock
 Maricopa County Board of Supervisors
 301 West Jefferson
 Phoenix, AZ 85003

4a. Article Number: 618 188 050
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: JUN 21 2000

5. Received By: (Print Name) [Signature]

8. Addressee's Address (Only if requested and fee is paid):

6. Signature (Addressee or Agent): [Signature]
 PS Form 3811, December 1994
 BOARD OF SUPERVISORS
 CLERK 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	

Thomas H. Campbell
 Lewis and Roca
 40 North Central Ave
 Phoenix, AZ 85004

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 049
 L-00 000 P-00 - 0098

DOCKET NO. L-00 000 P-99 - 0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Thomas H. Campbell
 Lewis and Roca
 40 North Central Ave.
 Phoenix, AZ 85004

4a. Article Number: 618 188 049
 4b. Service Type:
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: JUN 21 2000

5. Received By: (Print Name) [Signature]

8. Addressee's Address (Only if requested and fee is paid):

6. Signature (Addressee or Agent): [Signature]
 PS Form 3811, December 1994
 BOARD OF SUPERVISORS
 CLERK 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

L-00 000 P-00-0098
P 618 188 052

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sender <i>Andrew Kurasek</i>	Street & Number <i>Mariicopa County Board of Supervisors - 301 W. Jefferson</i>
Post Office, State, & ZIP Code <i>Phoenix, AZ 85003</i>	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

DOCKET NO L-00 000 P-00-0098

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:
Andrew Kurasek
Mariicopa County Board of Supervisors
301 West Jefferson
Phoenix, AZ 85003

4a. Article Number
P618 188 052

4b. Service Type
 Registered
 Express Mail
 Certified
 Insured
 COD

5. Received By: (Print Name)
JUN 21 2000

6. Signature (Addressee or Agent)
Thomas Ruck CLERK
BOARD OF SUPERVISORS

PS Form 3811, December 1994 102595-99-R-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage <i>Phx. AZ 85003</i>	
Post Office, State, & ZIP Code <i>301 W. Jefferson</i>	
Street & Number <i>Don Stapley</i>	

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

L-00 000 P-00-0098
P 618 188 051

DOCKET NO. L-00 000 P-00-0098-7

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Don Stapley
Mariicopa County Board of Supervisors
301 West Jefferson
Phoenix, AZ 85003

4a. Article Number
P 150 881 051

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
RECEIVED

6. Signature (Addressee or Agent)
Thomas Ruck CLERK
BOARD OF SUPERVISORS

PS Form 3811, December 1994 102595-99-R-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Date & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Post Office, State, & ZIP Code	PH. A2 85003
Street & Number	301 W Jefferson
Superior Board of Supervisors	
Send to	Charmy Rose Wilbert

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

1-00 000 P-00-0098
 P 618 188 054

DOCKET NO. L-00 000 P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Mary Rose Wilbert
 Mayor County Board of Supervisors
 301 West Jefferson
 Phoenix, AZ 85003

4a. Article Number: 618 188 054
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name) JUN 21
 8. Addressee's Address (Only if requested and paid) 2000 (paid)

6. Signature (Addressee or Agent)
 Charmy Rose Wilbert
 CLERK
 BOARD OF SUPERVISORS
 PS Form 3811, December 1994
 Domestic Return Receipt

Thank you for using Return Receipt Service.

1-00 000 P-00-0098
 P 618 188 054

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Send to	Janie K. Brewer
Street & Number	Whitewater County Board of Supervisors, 301 W Jefferson
Post Office, State, & ZIP Code	PH. A2 85003
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

DOCKET NO. L-00 000 P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Janice K. Brewer
 Whitewater County Board of Supervisors
 301 West Jefferson
 Phoenix, AZ 85003

4a. Article Number: 618 188 053
 4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

5. Received By: (Print Name) JUN 21
 8. Addressee's Address (Only if requested and paid) 2000 (paid)

6. Signature (Addressee or Agent)
 Charmy Rose Wilbert
 CLERK
 BOARD OF SUPERVISORS
 PS Form 3811, December 1994
 Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCKET NO. L-00000-P-0098-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Mayor Dustin Hull
 319 South 4th Street
 Buckeye, AZ 85326

4a. Article Number: P618 188 055
 4b. Service Type:
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: 6/21/00

8. Addressee's Address (Only if requested and fee is paid):
 Received By: (Print Name) Dustin Hull
 Signature (Addressee or Agent) Dustin Hull

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCKET NO. L-00000-P-0098-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 City Clerk/Manager
 Joseph Blanton
 100 North Apache Suite A
 Buckeye, AZ 85326

4a. Article Number: P618 188 058
 4b. Service Type:
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Merchandise
 COD

7. Date of Delivery: 6/21/00

8. Addressee's Address (Only if requested and fee is paid):
 Received By: (Print Name) Natalie Hanes
 Signature (Addressee or Agent) Natalie Hanes

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

P 618 188 055
 L-00000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for international Mail (See reverse)

Sent to
 Mayor Dustin Hull
 Street & Number
 319 South 4th Street
 Post Office, State, & ZIP Code
 Buckeye, AZ 85326

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 188 058
 L-00000 P-00-0098

US Postal Service
Receipt for Certified Mail
 City Clerk/Manager Joseph Blanton
 100 North Apache Suite #A
 Buckeye, AZ 85326

Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Post Office, State, & ZIP Code	PHX, AZ 85007
Street & Number	1380 W. Washington
Do not use for International Mail (See reverse)	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 060
 L-00000 P-00-0098

DUCKET NO. L-00000 P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

Your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Kate Historic Preservation Office
 James W. Garrison
 Arizona State Parks
 1380 West Washington
 Phoenix, AZ 85007

4a. Article Number: 618 188 060

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 [Signature]

6. Signature (Addressee or Agent)
 [Signature]

7. Date of Delivery: 6/21

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

DUCKET NO. L-00000 P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

Your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Scott McClellough
 Planning & Development Dept.
 411 North Central Ave. - 3rd Floor
 Phoenix, AZ 85004

4a. Article Number: 618 188 063

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 [Signature]

6. Signature (Addressee or Agent)
 [Signature]

7. Date of Delivery: 5-22-00

8. Addressee's Address (Only if requested and fee is paid)
 102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Robert Lynch
 340 East Palm Lane
 Suite #140
 Phoenix, AZ 85007

4a. Article Number: **PL18 188 065**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery: **6/22**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Robert Lynch

6. Signature (Addressee or Agent)
 Robert Lynch

PS Form 3800, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 065
 L-00 000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent To: **Robert Lynch**

Street & Number: **340 East Palm Ln. Ste 140**

Post Office, State, & ZIP Code: **Phx. AZ 85007**

Postage: \$

Certified Fee:

Special Delivery Fee:

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:

Return Receipt Showing to Whom, Date, & Addressee's Address:

TOTAL Postage & Fees: \$

Postmark or Date:

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Bureau of Land Management
 Arizona State Office
 222 North Central Ave
 Phoenix, AZ 85004-2203

4a. Article Number: **PL18 188 064**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery: **6/22/2000**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Carey E. Balala SR

6. Signature (Addressee or Agent)
 Carey E. Balala SR

PS Form 3800, December 1994 102595-99-8-0223 Domestic Return Receipt

P 618 188 064
 L-00 000 P-00-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent To: **Bureau of Land Management**

Street & Number: **42 State Office**

Post Office, State, & ZIP Code: **222 North Central Ave Phoenix AZ 85004-2203**

Postage: \$

Certified Fee:

Special Delivery Fee:

Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:

Return Receipt Showing to Whom, Date, & Addressee's Address:

TOTAL Postage & Fees: \$

Postmark or Date:

PS Form 3800, April 1995

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

Hayden Van Kieve
P.O. Box 54923
Phoenix, AZ 85078

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 618 188 067
-00 000 P-00 - 0098

DOCKET NO. 1-00000 P-99-0098 576

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Hayden Van Kieve
P.O. Box 54923
Phoenix, AZ 85078
HC Van Kieve

4a. Article Number
P618 188 067

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD

7. Date of Delivery
6-23-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Hayden Van Kieve

6. Signature (Addressee or Agent)
Hayden Van Kieve

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

1-00 000 P-00 - 0098

P 618 188 066

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	Lucille Hays
Street & Number	Stirling Energy Systems
Post Office, State, & ZIP Code	6245 N. 24th Parkway Phoenix, AZ 8506-2030
Postage	#209 \$
Special Delivery Fee	2030
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

5661 July 0083 Form PS

DOCKET NO. 1-00000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Lucille Hays
Stirling Energy Systems
6245 N. 24th Parkway #209
Phoenix, AZ 85016-2030

4a. Article Number
P618 188 066

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD

7. Date of Delivery
JUN 22 2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
D.L. HAYS

6. Signature (Addressee or Agent)
D.L. HAYS

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom, Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

Hayden Van Kieve
P.O. Box 54923
Phoenix, AZ 85078

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See reverse)
P 618 188 067
-00 000 P-00-0098

DOCKET NO. 1-00 000 P-99-0098 57G

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Hayden Van Kieve
P.O. Box 54923
Phoenix, AZ 85078
HC Van Kieve

4a. Article Number

618 188 067

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

6-27-00

8. Addressee's Address (Only if requested and fee is paid)

Hayden Van Kieve

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

1-00 000 P-00-0098

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	Lucille Hays
Street & Number	Stirling Energy Systems
Post Office, State, & ZIP Code	6245 N. 24th Parkway
Postage	#209 \$
City, State, & ZIP Code	Phoenix, AZ 85016
Special Delivery Fee	2030
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

DOCKET NO. 1-00 000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Lucille Hays
Stirling Energy Systems
6245 N. 24th Parkway #209
Phoenix, AZ 85016-2030

4a. Article Number

618 188 066

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

JUN 22 2000

8. Addressee's Address (Only if requested and fee is paid)

Lucille Hays

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 618 188 070
 -00 000 P -00 - 0898
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to <i>Suzanne Piestas</i>	
Street & Number <i>B5 Communications</i>	
Post Office, State, & ZIP Code <i>3101 N. Central Ave</i>	
Post Office <i>Phoenix, AZ</i>	ZIP Code <i>85012</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

DOCKET NO. L-00000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Suzanne Piestas
B5 Communications
3101 North Central Ave
Phoenix, AZ 85012

4a. Article Number

618 188 070

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

6/22

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Suzanne Piestas

Signature (Addressee or Agent)
Suzanne Piestas

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Postmark or Date	
TOTAL Postage & Fees	\$
Date & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
Post Office, State, & ZIP Code <i>PHX, AZ 85018</i>	
Street & Number <i>5310 East Camelback Rd</i>	
Sent to <i>Patrick M. Skinnell</i>	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 068
 -00 000 P -00 - 0098

DOCKET NO. L-00000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Patrick M. Skinnell
5310 East Camelback Rd.
Phoenix, AZ 85018

4a. Article Number

618 188 068

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5-22-01

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Patrick M. Skinnell

Signature (Addressee or Agent)
Patrick M. Skinnell

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

Sent to Spencer Sandler & Simpson LLP
 Street & Number
40 N. Central St 2700
 Post Office, State, & ZIP Code
P.O. Box 85004

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 069
 -00 000 P-00-0098

DOCKET NO. 1-00-000 P-99-0098

SENDER: Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
Karen S. Peters, Esquire
Spencer Sandler & Simpson LLP
40 North Central Ave #2700
Phoenix, AZ 85004

4a. Article Number 1168 188 069
 4b. Service Type
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
AC Snowflake
 6. Signature (Addressee or Agent)
AC Snowflake

7. Date of Delivery 4/23
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994
 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

Sent to TIM HOGAN
 Street & Number
202 E. McDowell # 153
 Post Office, State, & ZIP Code
P.O. Box 85004

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

P 618 188 072
 -00 000 P-00-0098

DOCKET NO. 1-00-000 P-99-0098

SENDER: Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
Tim Hogan
Arizona Center For Law In The
Public Interest
202 East McDowell Road
153
Phoenix, AZ 85004

4a. Article Number 1168 188 072
 4b. Service Type
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
AC Snowflake
 6. Signature (Addressee or Agent)
AC Snowflake

7. Date of Delivery 4-22-00
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994
 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Date & Addressee's Address	
Return Receipt Showing to Whom	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Street & Number	1015-1st Ave Ste 2700
Post Office, State, & ZIP Code	Phoenix, AZ 85003-1973
Sender's Name	Allen Madson, Equine

US Postal Service
 P 618 188 071
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

1-00000 P-00-0098

DOCKET NO. 1-00000 P-99-0098

Postmark or Date	
TOTAL Postage & Fees	\$
Date & Addressee's Address	
Return Receipt Showing to Whom	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Street & Number	4250 S. 1st Ave. Dept.
Post Office, State, & ZIP Code	Phoenix, AZ 85007
Sender's Name	Arizona State Game Department

US Postal Service
 P 618 188 071
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

1-00000 P-00-0898

516

SENDER: 1-00000 P-99-0098
 I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Allen Madson, Equine
 Kelly, Carol + Applushits
 1015 1st Ave Ste 2700
 Phoenix, AZ 85003-1973

4a. Article Number: 618 188 061

4b. Service Type:
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Madson

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: 1-00000 P-99-0098
 I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Dieta Duden Taylor
 Arizona State Game Department
 1616 W. Adams
 Phoenix, AZ 85007

4a. Article Number: 618 188 071

4b. Service Type:
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 Duden Taylor

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *Anthony David Sedward*
Street & Number: *1101 North Central Avenue*
City, State, & ZIP Code: *Phoenix AZ 85012*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *W Suzanne Pfister*
Street & Number: *3101 North Central Avenue*
City, State, & ZIP Code: *Phoenix AZ 85012*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *BJ Communications*
Street & Number: *3101 North Central Avenue*
City, State, & ZIP Code: *Phoenix, AZ 85012*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *Mary Rose Wilcox*
Street & Number: *301 West Jefferson*
City, State, & ZIP Code: *Phoenix, AZ 85003*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

IS YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

City Attorney David Sedward
919 N. Dupont Rd #7
Avondale, AZ 85323

5. Received By: (Print Name)

David Sedward

6. Signature (Addressee or Agent)

ASD

PS Form 3

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

4a. Article Number

P 618 188 156

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

6-27-95

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *W Suzanne Pfister*
Street & Number: *3101 North Central Avenue*
City, State, & ZIP Code: *Phoenix AZ 85012*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *BJ Communications*
Street & Number: *3101 North Central Avenue*
City, State, & ZIP Code: *Phoenix, AZ 85012*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: *Mary Rose Wilcox*
Street & Number: *301 West Jefferson*
City, State, & ZIP Code: *Phoenix, AZ 85003*

Postage: \$
Certified Fee: \$
Special Delivery Fee: \$
Restricted Delivery Fee: \$

Return Receipt Showing to Whom & Date Delivered: \$
Return Receipt Showing to Whom, Date, & Addressee's Address: \$

TOTAL Postage & Fees: \$
Postmark or Date: \$

PS Form 3800 April 1995

IS YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

City Attorney David Sedward
919 N. Dupont Rd #7
Avondale, AZ 85323

5. Received By: (Print Name)

David Sedward

6. Signature (Addressee or Agent)

ASD

PS Form 3

Thank you for using Return Receipt Service.

PS Form 3800, December 1994

6. Signature (Addressee or Agent)

W Suzanne Pfister

5. Received By: (Print Name)

W Suzanne Pfister

4a. Article Number

P 618 188 047

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

6/18/95

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address
2. Restricted Delivery

PS Form 3800, December 1994

Thank you for using Return Receipt Service.

L-0000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mark McWhirter
 Director Energy Office/Department of
 Commerce
 3800 North Central Ave #1200
 Phoenix, AZ
 85012

4a. Article Number

P618 187259

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

APR 10 2000
PHOENIX, AZ
USPS

5. Received By: (Print Name)

Scott H. Cooley

6. Signature (Addressee or Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Paul Bullis
 Chairman
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ
 85007

4a. Article Number

P618 187 258

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

Billy Steele

6. Signature (Addressee or Agent)

Thank you for using Return Receipt Service.

L-0000 P-99-0098

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
Mark McWhirter
 Director Energy Office/Department of
 Commerce
 3800 North Central Ave #1200
 Phoenix, AZ
 85012

P 618 187 259 #009

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
Paul Bullis
 Chairman
 Office of the Attorney General
 1275 West Washington
 Phoenix, AZ
 85007

L-0000 P-99-0098 P 618 187 258

102595-99-B-0223

Domestic Return Receipt

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

PS Form 3811, December 1994

P 618 187 265 L-#0098

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent for	Post Office, State, & ZIP Code
8930 N. 83rd Street	Scottsdale, AZ 85258
David Campbell	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L-#0098
P 618 187 266

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
City Attorney
David Ledyard
919 North Dysart Rd Suite #F
Avondale, AZ 85323

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L-00000 L-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

David Ledyard
City Attorney
919 North Dysart Rd Suite #F
Avondale, ARIZONA 85323

4a. Article Number

P 618 187 266

- 4b. Service Type**
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD

7. Date of Delivery

7-10-00

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

5. Received By: (Print Name)

Signature (Address or Agent)

6. Signature (Address or Agent)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Domestic Return Receipt
102595-99-8-0223

8. Addressee's Address (Only if requested and fee is paid)

JUL 10 2000

7. Date of Delivery

P 618 187 265

- 4b. Service Type**
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD

4a. Article Number

P 618 187 265

5. Received By: (Print Name)

Signature (Address or Agent)

6. Signature (Address or Agent)

PS Form 3811, December 1994

8600-66-000007

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

George Campbell
8930 N. 83rd Street
Scottsdale, AZ 85258

3. Article Addressed to:

David Ledyard
City Attorney
919 North Dysart Rd Suite #F
Avondale, ARIZONA 85323

4a. Article Number

P 618 187 265

- 4b. Service Type**
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - COD

7. Date of Delivery

7-10-00

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

5. Received By: (Print Name)

Signature (Address or Agent)

6. Signature (Address or Agent)

PS Form 3811, December 1994

L-0000P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Dennis Sundie
 Department of Water Resource
 500 North 3rd Street
 Phoenix, AZ
 85004-3903

4a. Article Number
 P 618 187 269

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Dennis Sundie

6. Signature (Addressee or Agent)
 [Signature]

7. Date of Delivery
 JUL 1 2000

8. Addressee's Address (Only if requested and fee is paid)
 [Address]

PS Form 3800, April 1995

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Duke Energy Maricopa LLC
 5400 Westheimer Court
 Houston, TX
 77056-5310

4a. Article Number
 P 618 187 270

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 [Signature]

6. Signature (Addressee or Agent)
 [Signature]

7. Date of Delivery
 [Signature]

8. Addressee's Address (Only if requested and fee is paid)
 [Address]

PS Form 3800, April 1995

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

L-0000P-99-0098

P 618 187 269 # 0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
Dennis Sundie
 Department of Water Resource
 500 North 3rd Street
 Phoenix, AZ
 85004-3903

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 187 270 # 0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
Duke Energy Maricopa LLC
 5400 Westheimer Court
 Houston, TX
 77056-5310

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Andrew Kunasek
Maricopa County Board of Supervisors
301 West Jefferson
Phoenix, AZ
85003

4a. Article Number
P 618 187 272

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
7/10

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Seifine Henas

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994
 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Thomas H. Campbell
Lewis and Roca
40 North Central Ave
Phoenix, AZ
85004

4a. Article Number
122 681 272

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD
 Certified
 Insured

7. Date of Delivery
7/10

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Andrew Kunasek

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994
 102595-99-B-0223 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

L#0098

P 618 187 272

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Andrew Kunasek
Maricopa County Board of Supervisors
301 West Jefferson
Phoenix, AZ
85003

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L#0098

P 618 187 271

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Thomas H. Campbell
Lewis and Roca
40 North Central Ave
Phoenix, AZ
85004

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L00000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

**Mayor
Dustin Hull
319 South 4th Street
Buckeye, AZ
85326**

4a. Article Number

P618 187 273

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

7/11/00

8. Addressee's Address (Only if requested and fee is paid)

Dustin Hull
Signature (Addressee or Agent)

5. Received By: (Print Name)

Dustin Hull
Signature (Addressee or Agent)

PS Form 3800, April 1995

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

L00000 P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

**State Historic Preservation Officer
James W. Garrison
Arizona State Parks
1300 West Washington
Phoenix, AZ
85007**

4a. Article Number

P618 187 274

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

JUL 11 2000

8. Addressee's Address (Only if requested and fee is paid)

James W. Garrison
Signature (Addressee or Agent)

5. Received By: (Print Name)

James W. Garrison
Signature (Addressee or Agent)

PS Form 3800, April 1995

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

L00000 P-99-0098

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

**Mayor
Dustin Hull
319 South 4th Street
Buckeye, AZ
85326**

**US Postal Service
Receipt for Certified Mail**
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

**State Historic Preservation Officer
James W. Garrison
Arizona State Parks
1300 West Washington
Phoenix, AZ
85007**

P 618 187 274 L#0098

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Hayden Van Klevé
 P.O. Box 54923
 Phoenix, AZ
 85078

4a. Article Number: **P618 187 276**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

5. Received By: (Print Name)
 Hayden Van Klevé

6. Signature (Addressee or Agent)
Hayden Van Klevé

7. Date of Delivery: **4/18/98**

8. Addressee's Address (Only if requested and fee is paid)
 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

L-0098

P 618 187 276

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

Hayden Van Klevé
 P.O. Box 54923
 Phoenix, AZ
 85078

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Scott McCullough
 Planning & Development Department
 411 North Central Avenue 3rd Floor
 Phoenix, AZ
 85004

4a. Article Number: **P618 187 275**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

5. Received By: (Print Name)
 Sherrill Belmonte

6. Signature (Addressee or Agent)
Sherrill Belmonte

7. Date of Delivery: **7-11-00**

8. Addressee's Address (Only if requested and fee is paid)
 Domestic Return Receipt

PS Form 3811, December 1994

L-0098

P 618 187 275

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 Scott McCullough
 Planning & Development Department
 411 North Central Avenue 3rd Floor
 Phoenix, AZ
 85004

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

P 618 187 272
L-0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail

Rick Tobin
 Department of Environmental Quality
 3033 North Central Ave M0101B
 Phoenix, AZ
 85012-2809

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail

Arlo Lee
 P.O.B. 207
 St. Johns, AZ
 85936

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

5. Received By: (Print Name)
 Signature (Addressee or Agent)

6. Signature (Addressee or Agent)

3. Article Addressed to:
Rick Tobin
 Department of Environmental Quality
 3033 North Central Ave M0101B
 Phoenix, AZ
 85012-2809

4a. Article Number
 P 618 187 277

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 7-11

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address
 2. Restricted Delivery

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

5. Received By: (Print Name)
 Signature (Addressee or Agent)

6. Signature (Addressee or Agent)

3. Article Addressed to:
Arlo Lee
 P.O.B. 207
 St. Johns, AZ
 85936

4a. Article Number
 P 618 187 278

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery
 7/11/94

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address
 2. Restricted Delivery

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

L-00000 P-99-0098

L-00000 P-99-0098

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Duke Energy North America
 5400 Westheimer Court
 Houston, TX
 77056-5310

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

#0098
 P 618 187 280

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

L-00000P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back, if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Duke Energy North America
 5400 Westheimer Court
 Houston, TX
 77056-5310

4a. Article Number
 P618 187 280

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

5. Received By: (Print Name)

TURNER

6. Signature (Addresssee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Pinal County Board of Supervisors
 Sandie Smith
 575 North Idaho Road #101
 Apache Junction, AZ
 85219

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

#0098
 P 618 187 279

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back, if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Sandie Smith
 Pinal County Board of Supervisors
 575 North Idaho Road #101
 Apache Junction, AZ
 85219

4a. Article Number
 P622 181 819

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)

TURNER

6. Signature (Addresssee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

L-00000P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Lucille Hays
Stirling Energy Systems
6245 North 24th Parkway #209
Phoenix, AZ
85016-2030

4a. Article Number

P618 187 286

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

JUL 12 2000

5. Received By: (Print Name)
K. NEWKIRK

6. Signature (Addressee or Agent)
K. Newkirk

PS Form 3811 (December 1994)

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Bureau of Land Management
Arizona State Office
222 North Central Avenue
Phoenix, AZ
85004-2203

4a. Article Number

P618 187 287

4b. Service Type

- Registered
- Certified
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

JUL 13 2000

5. Received By: (Print Name)
F. CHAVEZ

6. Signature (Addressee or Agent)
F. Chavez

PS Form 3811 (December 1994)

102595-99-B-0223

Domestic Return Receipt

L-00000P-99-0098

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

4a. Article Number

P618 187 287

4b. Service Type

- Registered
- Certified
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

JUL 13 2000

5. Received By: (Print Name)
SPS - 853004

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811 (December 1994)

102595-99-B-0223

Domestic Return Receipt

L #0098 P 618 187 286

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
Lucille Hays
Stirling Energy Systems
6245 North 24th Parkway #209
Phoenix, AZ
85016-2030

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L #0098 P 618 187 287

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
Bureau of Land Management
Arizona State Office
222 North Central Avenue
Phoenix, AZ
85004-2203

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

P 618 187 287 #0098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Fulton Brock
Maricopa County Board Supervisors
301 West Jefferson
Phoenix, AZ
85003

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Fulton Brock
Maricopa County Board Supervisors
301 West Jefferson
Phoenix, AZ
85003

4a. Article Number
P 618 187 289

4b. Service Type
 Registered Mail
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
JUL 2 2000

8. Addressee's Address (Only if requested and fee is paid)
**301 WEST JEFFERSON ST
 PHOENIX AZ 85003**

5. Received By: (Print Name)
Carrie Hayes

6. Signature/Address of Agent
Carrie Hayes

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Alan Matheson, Esq
Riley, Carlock, & Applewhite
11 North 1st Avenue Suite #2700
Phoenix, AZ
5003-1973

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
Post Office, State, & ZIP Code	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Alan Matheson, Esq
Riley, Carlock, & Applewhite
101 North 1st Avenue Suite #2700
Phoenix, AZ
85003-1973

4a. Article Number
P 618 187 288

4b. Service Type
 Registered Mail
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
JUL 2 2000

8. Addressee's Address (Only if requested and fee is paid)
**101 NORTH 1ST AVENUE SUITE 2700
 PHOENIX AZ 85003**

5. Received By: (Print Name)
Alan Matheson

6. Signature/Address of Agent
Alan Matheson

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

L-00000 P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 City Clerk/Manager
 Joseph Blanton
 100 North Apache Suite #A
 Buckeye, AZ
 85326

4a. Article Number
 P618 187 220

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 7-13

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Joseph Blanton

6. Signature (Addressee or Agent)
 J. Blanton

PS Form 3800, December 1994

L-00000 P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Janice K. Brewer
 Maricopa County Board of Supervisors
 301 West Jefferson
 Phoenix, AZ
 85003

4a. Article Number
 P618 187 291

4b. Service Type
 Registered Mail
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 JUL 12 2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Janice K. Brewer

6. Signature (Addressee or Agent)
 Janice K. Brewer

PS Form 3800, December 1994

P 618 187 290

US Postal Service
Receipt for Certified Mail
 City Clerk/Manager
 Joseph Blanton
 100 North Apache Suite #A
 Buckeye, AZ
 85326

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Janice K. Brewer
 Maricopa County Board of Supervisors
 301 West Jefferson
 Phoenix, AZ
 85003

P 618 187 291

L#0098

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

L-00000P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Director
 Gordon Taylor
 Arizona State Land Department
 1616 West Adams
 Phoenix, AZ
 85007

4a. Article Number
 P618 187 294

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 11/12/2000

8. Addressee's Address (Only if requested and fee is paid)
 Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 JACKMAN

6. Signature (Addressee or Agent)
 [Signature]

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

L-00000P-99-0098

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Patrick M. Sherrill
 5310 East Camelback Rd
 Phoenix, AZ
 85018

4a. Article Number
 P618 187 293

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 11/12/00

8. Addressee's Address (Only if requested and fee is paid)
 Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Marybeth Sherrill

6. Signature (Addressee or Agent)
 [Signature]

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
 Patrick M. Sherrill
 5310 East Camelback Rd
 Phoenix, AZ
 85018

P 618 187 293
 Y #0098

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
 Director
 Gordon Taylor
 Arizona State Land Department
 1616 West Adams
 Phoenix, AZ
 85007

P 618 187 294
 #0098

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Thank you for using Return Receipt Service.

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

L-60000P-99-0098

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Timothy Hogan
 Arizona Center for Law in the Public Interest
 202 East McDowell Road Suite #153
 Phoenix, AZ 85004

4a. Article Number
 P 618 187 296

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Timothy Hogan

6. Signature (Addressee or Agent)
Timothy Hogan

7. Date of Delivery
 7-12-00

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

L-60000P-99-0098

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Karen L. Peters
 Squire, Sanders & Dempsey LLP
 40 North Central Avenue Suite #2700
 Phoenix, AZ 85004

4a. Article Number
 P 618 187 295

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

5. Received By: (Print Name)
 Karen L. Peters

6. Signature (Addressee or Agent)
Karen L. Peters

7. Date of Delivery
 11-13-2000

8. Addressee's Address (Only if requested and fee is paid)

L-60000P-99-0098

P 618 187 296

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 Timothy Hogan
 Arizona Center for Law in the Public Interest
 202 East McDowell Road Suite #153
 Phoenix, AZ 85004

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	7-6-00

PS Form 3800, April 1995

L-60000P-99-0098

P 618 187 295 #0098

Karen L. Peters
 Squire, Sanders & Dempsey LLP
 40 North Central Avenue Suite #2700
 Phoenix, AZ 85004

Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

L-00 000 P-00 - 0098
P 618 188 062

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Send To	
Robert Weisenmiller, PhD	
Street & Number	
MRW + Associates	
Post Office, State, & ZIP Code	
1999 Harrison Street # 1440	
Post Office	
Oakland, CA 94612	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: DUKKEI NU L-00-000-P 99-0098

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Robert B. Weisenmiller, PhD.
 MRW + Associates
 1999 Harrison Street # 1440
 Oakland, CA 94612

4a. Article Number
 P618 188 062

4b. Service Type
 Registered
 Express Mail
 Certified
 Insured
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
 F. Richardson

6. Signature (Addressee or Agent)
 F. Richardson

7. Date of Delivery
 6/18/99

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.