

COVER SHEET



16

ARIZONA CORPORATION CC

0000000648

DOCKET CONTROL CENTER Arizona Corporation Commission

CASE/COMPANY NAME:

RECEIVED DOCKET NO.

DOCKETED

Panda Gila River L.P.

2000 FEB 18 10:20 -00-00799 FEB 18 1999

D/B/A or RESPONDENT:

AZ CORP COMMISSION DOCUMENT CONTROL

DOCKETED BY [Signature]

NATURE OF ACTION OR DESCRIPTION OF DOCUMENT

Please mark the item that describes the nature of the case/filing:

01 UTILITIES - NEW APPLICATIONS

- NEW CC&N, RATES, INTERIM RATES, CANCELLATION OF CC&N, DELETION OF CC&N (TERRITORY), EXTENSION OF CC&N (TERRITORY), TARIFF - NEW (NEXT OPEN MEETING), REQUEST FOR ARBITRATION, FULLY OR PARTIALLY ARBITRATED INTERCONNECTION AGREEMENT, VOLUNTARY INTERCONNECTION AGREEMENT, MAIN EXTENSION, CONTRACT/AGREEMENTS, COMPLAINT (Formal), RULE VARIANCE/WAIVER REQUEST, SITING COMMITTEE CASE, SMALL WATER COMPANY -SURCHARGE, SALE OF ASSETS & TRANSFER OF OWNERSHIP, SALE OF ASSETS & CANCELLATION OF CC&N, FUEL ADJUSTER/PGA, MERGER, FINANCING, MISCELLANEOUS

02 UTILITIES - REVISIONS/AMENDMENTS TO PENDING OR APPROVED MATTERS

- APPLICATION, COMPANY, DOCKET NO., TARIFF, PROMOTIONAL, DECISION NO., DOCKET NO., COMPLIANCE, DECISION NO., DOCKET NO.

SECURITIES or MISCELLANEOUS FILINGS

- 04 AFFIDAVIT, 12 EXCEPTIONS, 18 REQUEST FOR INTERVENTION, 48 REQUEST FOR HEARING, 24 OPPOSITION, 50 COMPLIANCE ITEM FOR APPROVAL, 32 TESTIMONY, 47 COMMENTS, 29 STIPULATION, 38 NOTICE OF INTENT, 43 PETITION, 46 NOTICE OF LIMITED APPEARANCE, 39 OTHER

2-18-00 Date

Karen Errant / Fennemore Craig Print Name of Applicant/Company/Contact person/Respondent/Atty. 916-5397 Phone

PLEASE SEE NOTICE ON REVERSE SIDE

BEFORE THE ARIZONA POWER PLANT AND TRANSMISSION LINE SITING COMMITTEE AND Arizona Corporation Commission

RECEIVED

DOCKETED

2000 FEB 18 P 1:20

FEB 18 1999

IN THE MATTER OF THE APPLICATION OF PANDA GILA RIVER, L.P. OR THEIR ASSIGNEE(S) IN CONFORMANCE WITH THE REQUIREMENTS OF ARIZONA REVISED STATUTES 40-360.03 AND 40-360.06, FOR A CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY AUTHORIZING THE CONSTRUCTION OF NATURAL GAS-FIRED, COMBINED CYCLE GENERATING PLANT, SWITCHYARD, AND RELATED FACILITIES IN THE TOWN OF GILA BEND, MARICOPA COUNTY, ARIZONA, LOCATED IN SECTIONS 8, 17, 20, AND 21, TOWNSHIP 5 SOUTH, RANGE 4 WEST, GILA AND SALT RIVER BASE AND MERIDIAN.

CASE NO. 99

ARIZONA CORPORATION COMMISSION DOCUMENT CONTROL

DOCKET NO. L-000000-09-0000
DOCKETED BY [Signature]

NOTICE OF HEARING

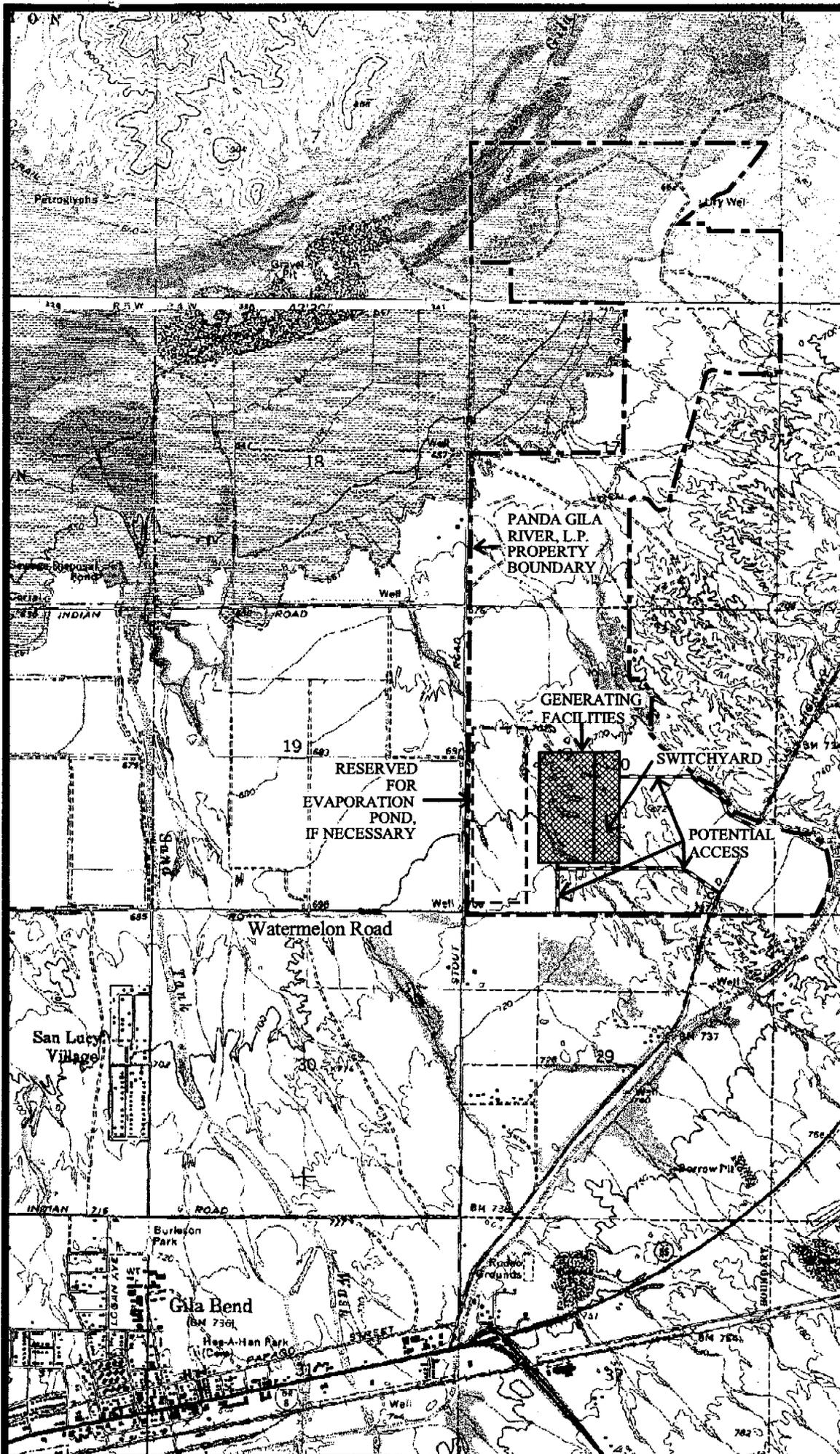
A public hearing will be held before the Power Plant and Transmission Line Siting Committee (the "Committee") at the Best Western Executive Park Downtown Hotel, 1100 North Central Avenue, Phoenix, Arizona, on March 30, 2000, at 9:00 a.m., or as soon thereafter as the matter can be heard, regarding the Application of Panda Gila River, L.P., or their assignee(s) for a Certificate of Environmental Compatibility from the Committee for construction of electric power facilities in Maricopa County, Arizona. The proposed site is located approximately 75 miles southwest of Phoenix, Arizona, in Maricopa County within the jurisdiction of the Town of Gila Bend, Arizona. The Panda Gila River Project will consist of the construction of four natural gas-fired, combined cycle generating units each of a nominal 520 megawatts (MW), a switchyard and related facilities.

The proposed site of the Panda Gila River Project is shown on the map below:

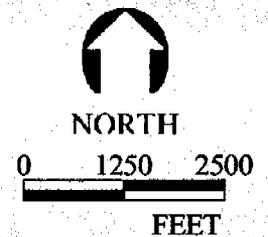
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Location Map

Figure 1



Sources:
U.S. Geological Survey.
1:24,000 Scale
Digital Line Graph Databases.
Cotton Center. 1973.
Gila Bend. 1973.



Prepared by EPG, Inc.

m:\projects\panda\mbr\figure1_and\January 18, 2000

1 The Application, including detailed maps of the proposed Panda Gila River Project, is on
2 file with the Docket Control Center of the Arizona Corporation Commission, 1200 West
Washington, Suite 108, Phoenix, Arizona 85007.

3 Depending upon the issues raised and the number of intervenors appearing during the
4 hearing, the Committee may deem it appropriate at some point to recess the hearing to a time and
5 place to be announced during the hearing. At the discretion of the Committee, such resumed
hearing may be held at a date, time and place to be agreed upon by the Committee and parties of
interest.

6 NOTE: No formal notice of such resumed hearing will be given.

7 Each county and municipal government and state agency interested in the proposed
8 facilities and desiring to become a party to the certification proceeding, shall, not less than ten
9 (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation
Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be a
party.

10 Any domestic, non-profit corporation or association, formed in whole or in part to
11 promote conservation of natural beauty, to protect the environment, personal health or other
biological values, to preserve historical sites, to promote consumer interests, to represent
12 commercial and industrial groups, or to promote the orderly development of the area in which the
facilities are to be located and desiring to become a party to the certification proceeding, shall,
13 not less than ten (10) days before the date set for hearing, file with the Director of Utilities,
Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of
its intent to be a party.

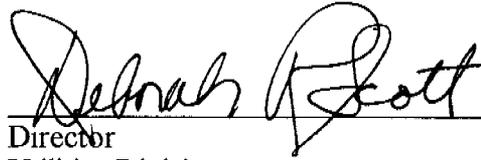
14 The Committee or hearing officer, at any time deemed appropriate, may make other
15 persons parties to the proceedings.

16 Any person may make a limited appearance at the hearing by filing a statement in writing
17 with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington,
Phoenix, Arizona 85007, not less than five (5) days before the date set for hearing. A person
18 making a limited appearance shall not be a party or have the right to present oral testimony or
cross-examine witnesses.

19 The written decision of the Committee will be submitted to the Arizona Corporation
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1 Commission pursuant to Arizona Revised Statutes Section 40-360.07. Any person intending to
2 be a party before the Commission must be a party to the certification proceedings.

3 ORDERED this 18th day of February, 2000.

4 

5 Director
6 Utilities Division
7 Arizona Corporation Commission
8 1200 West Washington
9 Phoenix, AZ 85007

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L-00000Q - 00-0099
Z 410 643 455

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

Sent to <i>AZ State Land Dept / Gordon Jaf</i>	
Street & Number <i>1616 W. Adams</i>	
Post Office, State, & ZIP Code <i>Phx AZ 85007</i>	
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	

L00000Q - 00-0099

516

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:

*Arizona State Land Department
Forest Management Division
Gordon Taylor - Director
1616 W. Adams
Phoenix, AZ 85007*

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

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

4a. Article Number

410 643 455

4b. Service Type

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

7. Date of Delivery

FEB 23 2000

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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)

Sent to
 Chairman
 Maricopa County Board of Supervisors
 301 W. Jefferson - 10 Fl
 Phoenix, AZ 85003

Post Office, 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 & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

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
 Bureau of Land Management
 2015 W. Deer Valley Rd
 Phoenix, AZ 85027-2099

Post Office, State, & ZIP Code
 Phoenix, AZ 85027-2099

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

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

516

700000 Q-00-0099

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

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Chairman
 Maricopa County Board
 of Supervisors
 301 W. Jefferson - 10 Fl
 Phoenix, AZ 85003

4a. Article Number
 2410 643 457

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

7. Date of Delivery
 2-23-80

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

5. Received By: (Print Name)
 New Bigelow

6. Signature (Addressee or Agent)
 New Bigelow

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

516

700000 Q-00-0099

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

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Bureau of Land Management
 Phoenix Field Office
 2015 W. Deer Valley Road
 Phoenix, AZ 85027-2099

4a. Article Number
 2410 643 456

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

7. Date of Delivery
 2-23-80

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 [Signature]

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

L00000 Q-00-0099
 Z 410 643 456

L00000 Q-00-0099
 R.V.O. AZ 85027-2099

IS YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

IS YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

PS Form 3800, April 1995

L00000Q-00-0099
Z 410 643 458

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

Sent to <i>Charles Pierson</i>	
Street & Number <i>1275 W Washington</i>	
Post Office, State, & ZIP Code <i>PHX AZ 85007</i>	
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	

700000Q-00-0099

515

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:
**Charles Pierson
Office of the Attorney General
1275 W. Washington
Phoenix, Arizona 85007**

4a. Article Number
2410643458

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

7. Date of Delivery
FEB 23 2000

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

6. Signature (Addressee or Agent)
Charles Pierson

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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3800, April 1995

L00000Q-00-0099
Z 410 643 459

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

Sent to
Mr. Jack Bale - Dept of Environment

Street & Number <i>3033 North Central Ave</i>	
Post Office, State, & ZIP Code <i>PHX AZ 85012-2809</i>	
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 3811, December 1994

6. Signature (Addressee or Agent)
Jack Bale

5. Received By: (Print Name)
Jack Bale

3. Article Addressed to:
**Department of Environmental Quality
Office of Air Quality
3033 North Central Avenue-M0101B
Phoenix, Arizona 85012-2809**

4a. Article Number
2410643459

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

7. Date of Delivery
FEB 24 2000

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

1. Addressee's Address
2. Restricted Delivery

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

515

700000Q-00-0099

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:
**Department of Environmental Quality
Office of Air Quality
3033 North Central Avenue-M0101B
Phoenix, Arizona 85012-2809**

4a. Article Number
2410643459

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

7. Date of Delivery
FEB 24 2000

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

1. Addressee's Address
2. Restricted Delivery

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

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

Sent to
 (Wayne Smith)
 Street & Number
 6106 S. 32nd Street
 Post Office, State, & ZIP Code
 Phoenix AZ 85040

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

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
 500 N 3rd Street
 Post Office, State, & ZIP Code
 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

Wayne Smith
 6106 South 32nd Street
 Phoenix, Arizona 85040

3. Article Addressed to:

4a. Article Number
 24104

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

5. Received By: (Print Name)
 Wayne Smith

6. Signature (Addressee or Agent)
 Wayne Smith

7. Date of Delivery
 FEB 26 2004

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

PS Form 3811, December 1994

Dennis Sundie
 (for Rita Pearson, Director)
 Department of Water Resources
 500 North 3rd Street
 Phoenix, Arizona 85004-3903

3. Article Addressed to:

4a. Article Number
 2410643460

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

5. Received By: (Print Name)
 Rita Pearson

6. Signature (Addressee or Agent)
 Rita Pearson

7. Date of Delivery
 2/23/04

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

PS Form 3811, December 1994

SENDER: L00000 Q-00-0099 519

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

SENDER: L-00000 Q-00-0099

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

102595-99-B-0223 Domestic Return Receipt

PS Form 3800, April 1995

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

Sent to
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

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

Sent to
Street & Number
25 S. A2 Plaza 301
Post Office, State, & ZIP Code
Chandler, AZ 85225-5551

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	

516

700000Q-00-0099

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

4a. Article Number
Z 410 643 463

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

5. Received By: (Print Name)
JEFF MAGUIRE

6. Signature (Addressee or Agent)
Jeff Maguire

7. Date of Delivery

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

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

517

700000Q-00-0099

Is your RETURN ADDRESS completed on the reverse side?

Martin Sepulveda
Councilman, City of Chandler
25 South Arizona Place #301
Chandler, Arizona 85225-5551

4a. Article Number
Z 410 643 462

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Martin Sepulveda

7. Date of Delivery
23

8. Addressee's Address (Only if requested and fee is paid)
85225

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

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

700000Q-00-0099

7 410 643 463

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

700000Q-00-0099

7 410 643 462

is your RETURN ADDRESS completed on the reverse side?

SENDER: *Sanjouring case 7-00007-00000-00-0099* 515

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 C. Berger
 Nina M. Pulliam Trust
 200 E. Van Buren
 Phoenix, Arizona 85004

4a. Article Number: *2410 643 467*

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

5. Received By: (Print Name)
Robert C. Berger

6. Signature (Addressee or Agent)
Robert C. Berger

7. Date of Delivery: *12-2*

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

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

Thank you for using Return Receipt Service.

SENDER: *Sanjouring case 7-00000-00-0099* 515

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
 P.O. Box 827
 Florence, Arizona 85323

4a. Article Number: *2410 643 466*

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

5. Received By: (Print Name)
Maki Zaklins

6. Signature (Addressee or Agent)
Maki Zaklins

7. Date of Delivery: *FEB 24 2000*

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

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

Thank you for using Return Receipt Service.

PS Form 3800

Postmark or Date

TOTAL Postage & Fees \$

Date & Addressee's Address

Form Receipt Showing to Whom

Receipt Showing to Whom & Date Delivered

Delivery Fee

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

Y00000-00-00-0099
 2410 643 466

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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

Send to
 Name & Number
Sanjouring case 7-00000-00-0099
 Office, State, & ZIP Code
Arizona AZ 85323

PS Form 3800, April 1995

L 00000 Q-00-0099
Z 410 643 464

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	PO 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	

L-00000 Q-00-0099 516

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:
Arlo Lee
P.O. Box 207
St. Johns, Arizona 85936

4a. Article Number: 2 410 644 464

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

5. Received By: (Print Name)
Kathy A. Lee

6. Signature (Addressee or Agent)

7. Date of Delivery: 2-25-00

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

Is your RETURN ADDRESS completed on the reverse side?

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

PS Form 3800, April 1995

L 00000 Q-00-0099
Z 410 643 465

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

Sent to	Mark McWhirter
Street & Number	3800 N Central Ste 1200
Post Office, State, & ZIP Code	Phx 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	

SENDER: L-00000 Q-00-0099 516

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:
Mark McWhirter
Director Energy Office
Department of Commerce
3800 North Central, Suite 1200
Phoenix, Arizona 85012

4a. Article Number: 2 410 643 465

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

5. Received By: (Print Name)
2-23-00

6. Signature (Addressee or Agent)
Susan Gray

7. Date of Delivery: 2-23-00

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

Is your RETURN ADDRESS completed on the reverse side?

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