SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Copper Valley Telephone, Inc.
PO Box 970
Willcox, AZ 85644-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): SHIRLEY M GEE

C. Date of Delivery: 7-7-04

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Artic
(Tran 7003 2260 0003 3128 5091

T-01051B-03-0454
T-00000D-00-0672

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED
2004 JUL -9 A 10:48
Arizona Corporation Commission
Docket Control / Hearing
AZ CORP COMMISSION 1200 W Washington
DOCUMENT CONTROL Phoenix AZ 85007

DOCKETED
JUL - 9 2004
DOCKETED BY

0000003514