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:

Valley Telephone Cooperative Inc.
752 E Malley Street P O Box 970
Willcox, AZ 85644

2. Article Number (Transfer from service label) 7003 2260 0003 3128 5176

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Shirley M Lee ☒ Agent ☐ Addressee

B. Received by (Printed Name) SHIRLEY M LEE C. Date of Delivery 7-7-09

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

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
2009 JUL -9 A 10:48
Arizona Corporation Commission
Docket Control / Hearing
1200 W Washington
Phoenix AZ 85007

AZ CORP COMMISSION
DOCUMENT CONTROL
JUL - 9 2009
DOCKETED BY

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Arizona Corporation Commission

0000003516