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STATE OF ARIZONA

OFFICE OF THE ATTORNEY GENERAL

JANET NAPOLITANO
ATTORNEY GENERAL

1275 WEST WASHINGTON, PHOENIX, AZ. 85007-2926

AZ CORP COMMISSION
DOCUMENT CONTROL
MAIN PHONE: (602) 542-5025
FACSIMILE: (602) 542-4085

October 11, 2000

Nancy Cole
Docket Control
Arizona Corporation Commission
1200 W. Washington
Phoenix, Arizona 85007

RE: Docket No. L-00000S-00-101

Dear Ms. Cole:

Attached please find the Certificate of Environmental Compatibility issued in the above-referenced docket.

Very Truly Yours,

Paul A. Bullis
Chairman, Arizona Power Plant and
Transmission Line Siting Committee
Telephone: (602) 542-7713
Facsimile: (602) 542-8885

w/enclosure

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BEFORE THE
ARIZONA POWER PLANT AND TRANSMISSION LINE SITING COMMITTEE

IN THE MATTER OF THE APPLICATION OF)
MESQUITE POWER LLC, OR THEIR)
ASSIGNEE(S), IN CONFORMANCE WITH THE)
REQUIREMENTS OF ARIZONA REVISED)
STATUTES 40-360 ET SEQ., FOR A)
CERTIFICATE OF ENVIRONMENTAL)
COMPATIBILITY AUTHORIZING)
CONSTRUCTION OF NATURAL GAS-FIRED,)
COMBINED CYCLE GENERATING FACILITY)
("MESQUITE PROJECT") LOCATED SOUTH OF)
ELLIOT ROAD, APPROXIMATELY ONE MILE)
EAST OF WINTERSBURG ROAD AND)
APPROXIMATELY 37 MILES WEST OF THE)
PHOENIX METROPOLITAN AREA, NEAR)
ARLINGTON IN MARICOPA COUNTY,)
ARIZONA)

DOCKET NO. L-00000S-00-0101
(CASE NO. 101)

DECISION NO. _____

DECISION OF THE ARIZONA POWER PLANT AND TRANSMISSION
LINE SITING COMMITTEE AND
CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY

Pursuant to notice given as provided by law, the Arizona Power Plant and Transmission Line Siting Committee ("Committee") held public hearings at the Best Western Executive Park Hotel, 1100 North Central Avenue, Phoenix, Arizona, on Wednesday, September 6, 2000, Wednesday, October 4, 2000 and Tuesday, October 10, 2000, in conformance with the requirements of Arizona Revised Statutes Section 40-360, *et seq.*, for the purpose of receiving public comment and evidence, and deliberating on the Application of Mesquite Power, L.L.C. ("Mesquite" or "Applicant") for a Certificate of Environmental Compatibility ("Certificate") in the above-captioned case.

The following members or designees of members of the Committee were present for the hearings on the Application:

1 Paul A. Bullis Chairman, Designee for Arizona Attorney General Janet Napolitano
2 Steve Olea Arizona Corporation Commission
3 Richard Tobin Arizona Department of Environmental Quality
4 Mark McWhirter Arizona Department of Commerce.
5 Dennis Sundie Arizona Department of Water Resources
6 George Campbell Appointed Member
7 Jeff Maguire Appointed Member
8 Wayne Smith Appointed Member.
9

10 The Applicant was represented by Lawrence V. Robertson, Jr., of Munger Chadwick, P.L.C.
11 Staff of the Arizona Corporation Commission ("Staff") noticed their intervention as a party, and
12 were represented by Janice M. Alward. and Teena Wolfe. Arizona Center for Law in the Public
13 Interest ("the Center") noticed its intervention and was represented by Timothy Hogan. There were
14 no other interventions or limited appearances.

15 At the conclusion of the hearings and deliberations, the Committee, (i) having received and
16 considered the Application, the appearances of Applicant and the Staff, the evidence, testimony and
17 exhibits presented by Applicant and the Staff, respectively, (ii) being advised of the legal
18 requirements of Arizona Revised Statutes Sections 40-360 to 40-360.13, (iii) upon consideration of
19 the factors identified in Arizona Revised Statutes Section 40-360.06, and (iv) in accordance with
20 A.A.C. R14-3-213, upon motion duly made and seconded, voted to make the following findings and
21 to grant Applicant the following Certificate of Environmental Compatibility:

22
23 The Committee finds that the record contains substantial evidence regarding the need for an
24 adequate, economical and reliable supply of electric power within the State of Arizona, and how the
25 Applicant's proposed Mesquite Project would contribute towards satisfaction of such need.

26
27 Mesquite and its assignee(s), are hereby granted this Certificate of Environmental
28 Compatibility authorizing construction of a natural gas-fired, combined cycle generating facility,

1 together with related infrastructure, which shall be located in Maricopa County, Arizona, South of
2 Elliott Road, approximately one (1) mile east of Wintersburg Road, and approximately 37 miles west
3 of the Phoenix metropolitan area. This facility shall consist of two power blocks as described in the
4 application, each capable of producing 625 megawatts at peak production. The related infrastructure
5 includes facilities necessary for the interconnection of the Mesquite generating station to the
6 Hassayampa Switchyard, as described in the application.

7 This Certificate is granted upon the following conditions:
8

- 9 1. The Applicant and its assignees will comply with all existing applicable
10 air and water pollution control standards and regulations, and with all
11 existing applicable ordinances, master plans and regulations of the State
12 of Arizona, the County of Maricopa, the United States, and any other
13 governmental entities having jurisdiction.
- 14 2. This authorization to construct the Mesquite Project will expire five (5)
15 years from the date the Certificate is approved by the Arizona
16 Corporation Commission ("Commission") unless construction of the
17 Mesquite Project is completed to the point that the Mesquite Project is
18 capable of operating at its rated capacity by that time; provided, however,
19 that prior to such expiration Applicant or its assignee may request that the
20 Arizona Corporation Commission extend this time limitation.
- 21 3. Applicant shall meet all applicable requirements for groundwater use set
22 forth in the Third Management Plan for the Phoenix Active Management
23 Area existing as of the date Applicant first begins withdrawing
24 groundwater in connection with the Project. Applicant shall limit its
25 aggregate annual withdrawal of groundwater to (i) 7,500 acre feet for the
26 Mesquite Project site, and (ii) such additional volumes available within
27 its Type 1 Goundwater Right as may be needed to implement the portion
28 of the Comprehensive Land Management Plan provided for at Condition
No. 11(ii) below.
4. Applicant will provide to the Commission, not more than 12 months prior
to the commercial operation of the plant, a technical study regarding the
sufficiency of transmission capacity from the plant to the wholesale
electric market.
5. The plant interconnection must satisfy the Western Systems Coordinating
Council's ("WSCC") single contingency outage criteria (N-1) without
reliance on remedial action such as generator unit tripping or load
shedding.
6. Applicant will within fifteen (15) days of reaching such an agreement,
submit to the Commission an interconnection agreement with the
transmission provider with whom it will be interconnecting.

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- 7. Applicant or one of its affiliates will become a member of WSCC, or its successor, and file a copy of its WSCC Reliability Criteria Agreement or Reliability Management System (RMS) Generator Agreement with the Commission.
- 8. Applicant will use commercially reasonable efforts to become a member of the Southwest Reserve Sharing Group, or its successor, thereby making its units available for reserve sharing purposes, subject to competitive pricing.
- 9. Applicant will use low profile structures, moderate stacks, neutral colors, compatible landscaping, and low intensity directed lighting for the plant.
- 10. Applicant will operate the Project so that during normal operations the Project will not exceed (i) HUD residential noise guidelines or (ii) OSHA worker safety noise standards.
- 11. Applicant will implement its Comprehensive Land Management Plan as presented to the Committee in hearing Exhibit A-13 for the plant site and the 3,000 acre Water Property that includes:
 - (i) Installation of a professionally designed landscape plan for the entrance of the facility and along Elliot Road.
 - (ii) Implementation of a comprehensive revegetation program designed to restore portions of the water property with plant communities similar to the adjacent desert lands.
 - (iii) Where feasible, the development of ongoing working relationships with the Phoenix Zoo, Southwest Wildlife Rehabilitation and Educational Foundation, Inc. and Arizona Game and Fish Department to develop alternative land uses for the water property that can be beneficial to the community and consistent with an "open space" land use designation; and
- 12. Applicant will submit annual reports (for 10 years) to the Commission setting forth the status of implementation of the Comprehensive Land Management Plan and any feasible alternative land uses which may have been identified and agreed upon by Applicant and the aforesaid organizations. The first annual report shall be filed one year from the date this Certificate is approved by the Commission.

GRANTED this 16th day of October, 2000.

ARIZONA POWER PLANT AND
TRANSMISSION LINE SITING COMMITTEE
By Paul A. Bullis
Paul A. Bullis
Chairman

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Arizona Public Service
400 East Van Buren
Phoenix AZ85004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
Theresa

B. Date of Delivery

C. Signature
Theresa

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

L-000005-00-0101

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

Domestic Return Receipt

102395-00-M-0852

2. Article Number (Copy from service label)
7099 3220 0005 6649 9122
PS Form 3811, July 1999

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 1.00
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Name
Arizona Public Service
Street
400 East Van Buren
City, State
Phoenix AZ85004

See Reverse for Instructions

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Janice Brewer
Maricopa Co Board of Supervisors
301 West Jefferson
Phoenix AZ85003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
Janice Brewer

B. Date of Delivery

C. Signature
Janice Brewer

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

L-000005-00-0101

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

Domestic Return Receipt

102395-00-M-08

2. Article Number (Copy from service label)
7099 3220 0005 6649 9139
PS Form 3811, July 1999

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 1.00
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Name (Print)
Janice Brewer
Street, Apt
Maricopa Co Board of Supervisors
City, State
301 West Jefferson
Phoenix AZ85003

See Reverse for Instructions

PS Form 3800, July 1999

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:

Alan Matheson Esq
Ryley, Carlock, & Applewhite
101 North 1st Ave #2700
Phoenix AZ85003-1973

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Alan Matheson Esq
10/19

C. Signature Agent Addressee

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

L-00000S-00-0101

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
1099 3220 0005 6649 9146

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark Here

Name (Please Print)
Ryley, Carlock, & Applewhite
Street, Apt
101 North 1st Ave #2700
City, State,
Phoenix AZ85003-1973

PS Form 3800, July 1999

See Reverse for Instructions

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:

Mary Rose Wilcox
Maricopa Co Board of Supervisors
301 West Jefferson
Phoenix AZ85003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Mary Rose Wilcox
CCT 10 2003

C. Signature Agent Addressee

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

L-00000S-00-0101

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
1099 3220 0005 6649 9153

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-09

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark Here

Name (Please Print)
Mary Rose Wilcox
Street, Apt
301 West Jefferson
City, State,
Phoenix AZ85003

PS Form 3800, July 1999

See Reverse for Instructions

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:

James W. Garrison
 Arizona State Parks
 1300 West Washington
 Phoenix AZ85007

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Matthew T. Morrison* B. Date of Delivery *12 2000*

C. Signature *Matthew Morrison* Agent Addressee

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

L-00000 S-00-0161

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) *7099 3220 0005 6649 9168*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To: *L-0101*

Postage \$ _____

Return Endorsed
 James W. Garrison
 Arizona State Parks
 Total Post 1300 West Washington
 Phoenix AZ85007

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

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:

Robert B. Weisenmiller Ph. D.
 MRW & Associates
 1999 Harrison Street #1440
 Oakland CA94612

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Robert B. Weisenmiller* B. Date of Delivery

C. Signature *Robert B. Weisenmiller* Agent Addressee

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

L-00000 S-00-0101

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) *7099 3220 0005 6649 9177*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To: *L-0101*

Postage \$ _____

Return Receipt Fee (Endorsement Required)
 Total *Robert B. Weisenmiller Ph. D.*
 MRW & Associates
 1999 Harrison Street #1440
 Oakland CA94612

Street
 City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

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:

Lucille Hays
 Stirling Energy Systems
 6245 North 24th Parkway #209
 Phoenix AZ85016-2030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DL HAYS B. Date of Delivery 10/15/99

C. Signature DL HAYS Agent Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 70999 3320 0095 6649 9184
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To: L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee	
Endorsed	
Total	

Name (Print) Lucille Hays
 Street Stirling Energy Systems
6245 North 24th Parkway #209
 City, State Phoenix AZ85016-2030

PS Form 3800, July 1999 See Reverse for Instructions

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:

Patrick M. Sherrill
 5310 East Camelback Rd
 Phoenix AZ85018

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DL HAYS B. Date of Delivery 10-15-99

C. Signature DL HAYS Agent Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 70999 3320 0005 6649 9191
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To: L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee	
Endorsed	
Total	

Name (Print) Patrick M. Sherrill
 Street 5310 East Camelback Rd
Phoenix AZ85018
 City, State

PS Form 3800, July 1999 See Reverse for Instructions

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:

Robert Lynch
 340 East Palm Lane #140
 Phoenix AZ85007-4529

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Robert Lynch

B. Date of Delivery

10 16

C. Signature

Robert Lynch

Agent
 Addressee

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

L-000005-00-0101

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7099 3220 0005 6649 9207

PS Form 3811, July 1999

102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Postmark Here	

Re (End) *Robert Lynch*
 To *Robert Lynch*
 340 East Palm Lane #140
 Phoenix AZ85007-4529

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

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:

*Manager Gordon Taylor
 Arizona State Land Dept.
 Planning Section
 1616 West Adams
 Phoenix, AZ 85007*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Gordon Taylor

B. Date of Delivery
OCT 13 1999

C. Signature

Gordon Taylor

Agent
 Address

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

L-000005-00-0101

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7099 3220 0005 6649 9214

PS Form 3811, July 1999

102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0161

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Postmark Here	

Re (End) *Manager Gordon Taylor*
 To *Manager Gordon Taylor*
 Arizona State Land Department
 1616 West Adams
 Phoenix AZ85007

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

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:

Scott McCullough
 Planning and Dev Department
 411 North Central Ave 3rd Floor
 Phoenix AZ85004

COMPLETE THIS SECTION ON DELIVERY

A. *Accepted by Please Print Clearly* B. Date of Delivery
Melinda Ford 10/13/99

C. Signature Agent Addressee
Melinda Ford

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

L-000005-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7099 3220 0005 6649 9221
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)**

Article Sent To:

L 0101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To Scott McCullough
 Planning and Dev Department
 411 North Central Ave 3rd Floor
 Phoenix AZ85004

PS Form 3800, July 1999

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Karen L. Peters Esq
 Squire Sanders & Dempsey LLP
 40 North Central Ave #2700
 Phoenix AZ85004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Mike Palmer 10/14

C. Signature Agent Addressee
Mike Palmer

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

L-000005-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7099 3220 0005 6649 9238
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-05

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)**

Article Sent To:

L 0101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To Karen L. Peters Esq
 Squire Sanders & Dempsey LLP
 40 North Central Ave #2700
 Phoenix AZ85004

PS Form 3800, July 1999

See Reverse for Instructions

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:

Bureau of Land Management
 Arizona State Office
 222 North Central Ave
 Phoenix AZ85004-2203

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

Received by: *Ray Rodriguez*
 Date of Delivery: *10/12*
 Signature: *[Signature]*
 Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 6649 9245

Domestic Return Receipt

102595-00-M-0952

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:

Continental Divide Electric Coop
 PO Box 786
 Gallup New Mexico 87301

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

Received by: *J. BAUMGARTNER*
 Date of Delivery: *10/10*
 Signature: *[Signature]*
 Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7099 3220 0005 6649 9269

Domestic Return Receipt

102595-00-M-09

PS Form 3800, July 1999 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *10107*

To: Bureau of Land Management
 Arizona State Office
 222 North Central Ave
 Phoenix AZ85004-2203

Postmark Here

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (End)

7099 3220 0005 6649 9245

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *L-0101*

To: Continental Divide Electric Coop
 PO Box 786
 Gallup New Mexico 87301

Postmark Here

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (End)

7099 3220 0005 6649 9269

City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

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:
 Citizens Utilities
 901 North Central Ave #160
 Tucson AZ85012

2. Article Number (Copy from service label)
 70899 3220 0005 6649 9276
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0992

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature
 X *Shirley Ruth* Agent
 Addressee

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

L-00000 S-00-0101

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Name / Citizens Utilities
 2901 North Central Ave #160
 Street, Tucson AZ85012
 City, Sta.

PS Form 3800, July 1999

See Reverse for Instructions

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:
 Mohave Electric Coop
 PO Box 1045
 Bullhead City AZ 86430

2. Article Number (Copy from service label)
 70999 3220 0005 6649 9283
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0992

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature
 X *Abba Tour* Agent
 Addressee

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

L-00000 S-00-0101

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

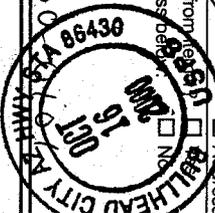
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Name / Mohave Electric Coop
 PO Box 1045
 Street, Bullhead City AZ 86430
 City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions



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:
 Sulphur Springs Valley Electric
 Coop
 PO Box 820
 Wilcox AZ85644

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Shelley Redinger* B. Date of Delivery

C. Signature *Shelley Redinger* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

Postmark: *Sulphur Springs, AZ 85644*

2. Article Number (Copy from service label)
 7899 3220 0005 6649 9290

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *L-0101*

Postage \$	
Certified Fee	
Return Receipt Fee	

Postmark Here

To: Sulphur Springs Valley Electric
 Coop
 PO Box 820
 Wilcox AZ85644

City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

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:
 FirstPoint Service Inc
 1001 SW 5th Avenue #500
 Portland OR 97204

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tom Matthe* B. Date of Delivery

C. Signature *Tom Matthe* Agent Address

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

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

4. Restricted Delivery? (Extra Fee) Yes

Postmark: *Portland, OR 97204*

2. Article Number (Copy from service label)
 7099 3220 0005 6649 9306

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *L-0101*

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Name: FirstPoint Service Inc
 1001 SW 5th Avenue #500
 Street, Portland OR 97204

City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

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:

Sierra Southwest Electric Coop
 3900 East Broadway
 Tucson AZ85711

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Signature: *Donna Marie Baker*
 Agent Addressee
 Agent Addressee

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

L-00000 S-60-0101

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7099 3220 0005 6649 9313
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-6101

Postage \$

Certified Fee

Return Receipt Fee
 Endorsement Recipient
 Sierra Southwest Electric Coop

Restrictor
 Endorser
 3900 East Broadway

Total P
 Name (Print)
 Tucson AZ85711

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

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:

Duncan Valley Electric Coop
 PO Box 440
 Duncan AZ85534

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Signature: *Steve Carter*
 Agent Addressee
 Agent Addressee

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

L-00000 S-2000-0101

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7099 3220 0005 6649 9320
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage \$

Certified Fee

Return Receipt Fee
 Endorsement Recipient
 Duncan Valley Electric Coop

Restrictor
 Endorser
 PO Box 440

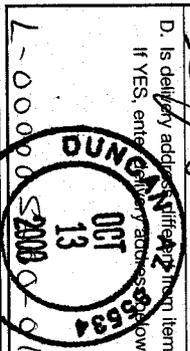
Total P
 Name (Print)
 Duncan AZ85534

Street, Apt.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions



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:
 Semptra Energy Trading Coop
 3 Commerce
 Stanford CT 06902

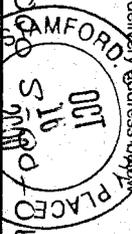
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature T. Newton Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from service label)
 7099 3220 0005 6649 9337
 PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
 L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark	

To: Semptra Energy Trading Coop
 Name: Semptra Energy Trading Coop
 58 Commerce
 Street, Stanford CT 06902
 City, Sta

PS Form 3800, July 1999

See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature Kathy Sue Pender Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

L-00005-00-0101

2. Article Number (Copy from service label)
 7099-3220-0005-6649 9528
 PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
 L-00005-00-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

To: Chairman Paul Bullis
 Name: Chairman Paul Bullis
 Office of the Attorney General
 1275 West Washington
 Street, Phoenix AZ 85007
 City, Sta

PS Form 3800, July 1999

See Reverse for Instructions

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:

Richard Tobin
Dept of Environmental Quality
3033 North Central Ave M0101B
Phoenix AZ 85012-2809

2. Article Number (Copy from service label)
7099 3220 0005 6649 9535
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0982

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *John Lee* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

L-000005-00-0101

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: L-0101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Richard Tobin
Dept of Environmental Quality
3033 North Central Ave M0101B
Phoenix AZ 85012-2809

See Reverse for Instructions

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:

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

2. Article Number (Copy from service label)
7099 3220 0005 6649 9542
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Mark McWhirter* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

L-000005-00-0101

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: L-0101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

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

See Reverse for Instructions

RECEIVER: 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.

Article Addressed to:

Wayne Smith
06 South 32nd Street
Phoenix AZ85040

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* D. Is delivery address different from item 1? Yes No

E. Delivery address below: L-000005-00-0101

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

Article Number (Copy from service label) 2099 3220 0005 6649 9566
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: L-0101

Table with columns: Postage \$, Certified Fee, Return Receipt Fee (Endorsement Required), Restricted Delivery Fee (Endorsement Required), Postmark Here

Name: A. Wayne Smith
Street: 6106 South 32nd Street
City: Phoenix AZ85040

PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Dennis Sundie
Department of Water Resources
500 North 3rd Street
Phoenix AZ85004-3903

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* D. Is delivery address different from item 1? Yes No

E. Delivery address below: L-000005-00-0101
Stamp: OCT 13 2000

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

Article Number (Copy from service label) 2099 3220 0005 6649 9559
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: L0101

Table with columns: Postage \$, Certified Fee, Return Receipt Fee (Endorsement Required), Restricted Delivery Fee (Endorsement Required), Total P, Postmark Here

Name: Dennis Sundie
Street: Department of Water Resources
City: 500 North 3rd Street
Phoenix AZ85004-3903

PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Steve Marshall
Gila Bend Unified School Dist #24
08 North Martin Ave
Gila Bend AZ 85337

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
DAVID SCH MID

B. Date of Delivery

C. Signature
David Schmitt

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

00000 S-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6649 9627
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Postmark Here		

To: Steve Marshall
Name: Gila Bend Unified School Dist #24
Address: 308 North Martin Ave
City, State, ZIP+4: Gila Bend AZ 85337

PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Councilman Richard Stuart
Box 2
Gila Bend AZ 85337

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
RICHARD STUART

B. Date of Delivery

C. Signature
Richard Stuart

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

L-00000 S-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6649 9610
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Postmark Here		

To: Councilman Richard Stuart
Name: Box 2
Address: Gila Bend AZ 85337

PS Form 3800, July 1999 See Reverse for Instructions

RECEIVER: 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.

Article Addressed to:

George L. Campbell
930 North 83rd Street
Scottsdale AZ 85258

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
12/19/82

C. Signature
George L. Campbell
 Agent
 Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
2099 3220 0005 6649 9641
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Postmark Here		

To: George L. Campbell
Name: 8930 North 83rd Street
Street: Scottsdale AZ 85258
City:

PS Form 3800, July 1999

See Reverse for Instructions

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.

Article Addressed to:

United States Postal Service
Post Master
Gila Bend AZ85337-9998

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
12/16/82

C. Signature
George L. Campbell
 Agent
 Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
2099 3220 0005 6649 9634
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Postmark Here		

To: United States Postal Service
Name: Post Master
Street: Gila Bend AZ85337-9998
City:

PS Form 3800, July 1999

See Reverse for Instructions

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.

Article Addressed to:

Timothy Hogan
c/o Ctr for Law in the Public Interest
02 East McDowell Rd #153
Phoenix AZ85004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Timothy Hogan B. Date of Delivery 7-10-99
C. Signature [Signature] Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

L-00000 S-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label) 7099 3220 0005 6649 9665
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To: L-0101

5999	Postage \$	
6499	Certified Fee	
5000	Return Receipt Fee (Endorsement Required)	
5000	Restricted Delivery Fee (Endorsement Required)	

Postmark Here
Timothy Hogan
Az Ctr for Law in the Public Interest
202 East McDowell Rd #153
Phoenix AZ85004
PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

T. Edward McDaniel
Panda Gila River LP
4100 Spring Valley Rd #1001
Dallas Tx 75244

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) T. Edward McDaniel B. Date of Delivery 7-10-99
C. Signature [Signature] Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

L-00000 S-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label) 7099 3220 0005 6649 9658
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To: L-0101

5999	Postage \$	
6499	Certified Fee	
5000	Return Receipt Fee (Endorsement Required)	
5000	Restricted Delivery Fee (Endorsement Required)	

Postmark Here
T. Edward McDaniel
Panda Gila River LP
4100 Spring Valley Rd #1001
Dallas Tx 75244
PS Form 3800, July 1999 See Reverse for Instructions

RECIPIENT: 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.

Article Addressed to:

Councilman Bill Henry
P.O. Box 768
La Bend AZ85337

GILA
OCT 13 2006

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Mark D. ...* Agent
 Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

100000 S-00-0101

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6649 9689
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:
L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name / Councilman Bill Henry
Street, P.O. Box 768
City, State Gila Bend AZ85337
PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Jeffrey W. Schroeter PE
4100 Spring Valley Rd #1001
Dallas TX 75244

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *10/16/00* Agent
 Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

100000 S-00-0101

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6649 9672
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:
L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name / Jeffrey W. Schroeter PE
Street, 4100 Spring Valley Rd #1001
City, State Dallas TX 75244
PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Arizona Electric Power Coop
PO Box 670
Benson AZ85602

Article Number (Copy from service label)
7099 3220 0005 6650 6851
Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Oct 18 2004** B. Date of Delivery

C. Signature

X *[Signature]* Agent Addressee

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

1-000005-00-0101

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here

Name Arizona Electric Power Coop
PO Box 670
Street Benson AZ85602
City

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0005 6650 6851

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.

Article Addressed to:

Tucson Electric Power
David Couture
PO Box 711 Mail Stop 123
Tucson AZ85702

Article Number (Copy from service label)
7099 3220 0005 6650 6844
Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Oct 18 2004** B. Date of Delivery

C. Signature

X *[Signature]* Agent Addressee

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

1-000008-00-0101

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Total		

Postmark Here

Name Tucson Electric Power
David Couture
PO Box 711 Mail Stop 123
Street Tucson AZ85702
City, State, Zip+4

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0005 6650 6844

RECIPIENT: 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.

Article Addressed to:

State Senator Ed Cirillo
Capitol Complex
Phoenix AZ85007-2890

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
10-13-20

C. Signature
Ed Cirillo
 Agent
 Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6650 7308

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Name: State Senator Ed Cirillo
Address: Capitol Complex
Phoenix AZ85007-2890
City, St.

PS Form 3800, July 1999

See Reverse for Instructions

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.

Article Addressed to:

Councilman Bud Turner
Box 2059
Gila Bend AZ85337

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Turner

B. Date of Delivery
OCT 16 2000

C. Signature
B. Turner
 Agent
 Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6650 7292

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Name: Councilman Bud Turner
Address: Box 2059
Gila Bend AZ85337
City, St.

PS Form 3800, July 1999

See Reverse for Instructions

RECEIVER: 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.

Article Addressed to:

Webb Crockett Crockett
Fennimore Craig
303 North Central Ave #2600
Phoenix AZ 85012

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **007137mp** B. Date of Delivery
C. Signature **W. A. Mahan** Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

1. 00000 S-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6650 7322
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		

Postmark Here

Name (Please) C. Webb Crockett Crockett
Street, Apt. No. Fennimore Craig
3003 North Central Ave #2600
City, State, ZIP+4 Phoenix AZ 85012
PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **10/13** B. Date of Delivery
C. Signature **Carle Garrison** Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

1. 00000 S-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6650 7322
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Deliv. Fee (Endorsement Required)		
Total Postage		

Postmark Here

Name (Please) Honorable Sandie Smith
Street, Apt. No. Pinal County Board of Supervisors
575 North Idaho Rd #101
City, State, ZIP+4 Apache Junction AZ 85219
PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Jason Lipsey
Project Director
Loma Ranch
15 East Camelback Rd #700
Phoenix, AZ 85016

Article Number (Copy from service label)
099 3220 0005 6650 7346
Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SM RUTHERFORD
B. Date of Delivery 7/6/99

C. Signature X SM RUTHERFORD
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

L-00000S-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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.

Article Addressed to:

Hayden Van Kleve
P.O. Box 54923
Phoenix AZ85078

Article Number (Copy from service label)
7099 3220 0005 6650 7339
Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature]
B. Date of Delivery 10/14/00

C. Signature X [Signature]
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

L-00000S-00-0101

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	

Postmark Here

Name (P) Jason Lipsey
Street, A Project Director
City, Sta Paloma Ranch
2845 East Camelback Rd #700
PS Form 3800, July 1999

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	

Postmark Here

Name (P) Hayden Van Kleve
Street, P.O. Box 54923
City, St Phoenix AZ85078
PS Form 3800, July 1999

See Reverse for Instructions

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.

Article Addressed to:

ulton Brock
Maricopa Co Board of Supervisors
01 West Jefferson
hoenix AZ85003

Article Number (Copy from service label)
7099 3220 0005 6650 7360
Form 3811, July 1999

Domestic Return Receipt

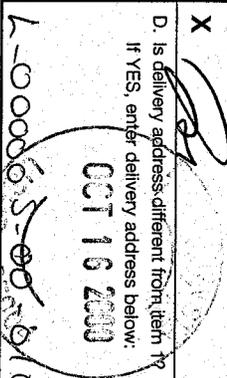
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Carri Puga* B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Pct:
Name (P/A) Fulton Brock
Street, Apt Maricopa Co Board of Supervisors
City, State Phoenix AZ85003

PS Form 3800, July 1999

See Reverse for Instructions

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.

Article Addressed to:

Councilman Steve Holt
Box 30
Gila Bend AZ85337

Article Number (Copy from service label)
7099 3220 0005 6650 7353
PS Form 3811, July 1999

Domestic Return Receipt

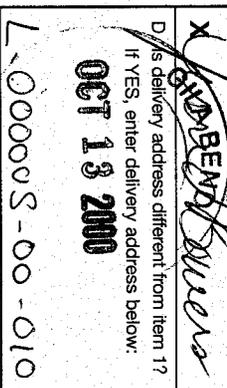
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Terri Bowers* B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

L-0101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Pct:
Name Councilman Steve Holt
Street Box 30
City, State Gila Bend AZ85337

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

Morenci Water & Electric
O Box 68
Morenci AZ85540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

Trico Electric Coop
5100 West Ina Rd
Tucson AZ85743

A. Received by (Please Print Clearly) **David A. Kids**

C. Signature *David A. Kids*

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

L-00000S-00-0101

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label) **7099 3220 0005 6650 7421**
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)

Article Sent to:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pk	

Postmark Here

Name (P) **Morenci Water & Electric**
Street, 1 **PO Box 68**
City, Sta **Morenci AZ85540**

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0005 6650 7421

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

Trico Electric Coop
5100 West Ina Rd
Tucson AZ85743

A. Received by (Please Print Clearly) **Kenn Goveas**

C. Signature *Kenn Goveas*

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

L-00000S-00-0101

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label) **7099 3220 0005 6650 7414**
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)

Article Sent to:

L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pk	

Postmark Here

Name (P) **Trico Electric Coop**
Street, A **5100 West Ina Rd**
City, Sta **Tucson AZ85743**

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0005 6650 7414

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.

Article Addressed to:

jo Improvement Co
Post Office Drawer 9
jo AZ85321

Article Number (Copy from service label)
7099 3220 0005 6650 7445
Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Ray Peterson** B. Date of Delivery **10-13-00**

C. Signature **Ray J. Peterson** Agent Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)**

Article Sent To: **L-0101**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pr		

Postmark Here

Name (P) **jo Improvement Co**
Street, A Post Office Drawer 9
City, State **Ajo AZ85321**

PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Garkane Power Assoc. Inc
PO Box 790
Richfield UT 84701

Article Number (Copy from service label)
7099 3220 0005 6650 7438
Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Kevin Ramsay** B. Date of Delivery **10-16-00**

C. Signature **Kevin Ramsay** Agent Addressee

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

L-000005-00-0101

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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)**

Article Sent To: **L-0101**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here

Name **Garkane Power Assoc. Inc**
Street **PO Box 790**
City, State **Richfield UT 84701**

PS Form 3800, July 1999 See Reverse for Instructions

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.

Article Addressed to:

Don Stapley
Maricopa Co Board of Supervisors
01 West Jefferson
Phoenix AZ85003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent
 Addressee

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

L-000005-00-0101
OCT 11 2008

3. Service Type

Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6650 7469
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
Name Don Stapley
Street Maricopa Co Board of Supervisors
City & State 301 West Jefferson Phoenix AZ85003
PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 6650 7469

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.

Article Addressed to:

Salt River Project
Mail Station POB 221
PO Box 52025
Phoenix AZ85072-2025

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent
 Addressee

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

L-000005-00-0101

3. Service Type

Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099 3220 0005 6650 7452
Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
L-0101

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
Name (P) Salt River Project
Street Mail Station POB 221
City, State PO Box 52025 Phoenix AZ85072-2025
PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 6650 7452

