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:

Special Accounts Billing Group, Inc.
1523 Withorn Lane
Inverness, IL 60067-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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. A 7003 2260 0003 3128 5503

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

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

UNITED STATES POSTAL SERVICE

GREETINGS FROM Far Far Away

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

PM 12 JUL 2004

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

RECEIVED
2004 JUL 16 A 11:19
AZ CORP COMMISSION
DOCUMENT CONTROL

Arizona Corporation Commission
Docket Control / Hearing
1200 W. Washington
Phoenix AZ 85007

Arizona Corporation Commission
DOCKETED
JUL 1 6 2004

DOCKETED BY

0000010613