**2. Article Number**

7180 4442 0100 0001 1139

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Robert Cano

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

8-11-30

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

1. Article Addressed to:

*Scott Ruby*
*Attorney*
*Town of Buckeye*
*100 N. Apache Road, Suite A*
*Buckeye, AZ 85326*

3. Service Type ☒ **Certified**

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

*L-00000D-04-0127*

PS Form 3811 **Domestic Return Receipt**

**UNITED STATES POSTAL SERVICE**

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

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

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DOCUMENT CONTROL

Arizona Corporation Commission
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