R: COMPLETE THIS SECTION

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

1. Article Addressed to:

Arizona Reporting Service, Inc.
2627 N. Third Street
Suite Three
Phoenix, AZ 85004-1104

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Norma Mendoza

B. Date of Delivery 4-10

C. Signature

☐ Agent
☐ Addressee

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

DOWNTOWN STA
PHOENIX AZ
APR 10 2001
USPS

T03978A01 0033

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)*
Z 410 643 296

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

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

RECEIVED
2001 APR 13 A 12:00
ARIZONA CORPORATION COMMISSION
1200 W. Washington Dr./Docket
AZ CORP. COMMISSION
DOCUMENT CONTROL 85007-2996

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

UNITED STATES POSTAL SERVICE

0000030574