SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

David T. Bonfiglio, PC
4300 N. Miller Road
Suite 218
Scottsdale, AZ 85251

2. Article Number

7180 5335 1300 0000 4080

3. Service Type ☒ **CERTIFIED**

Date of Delivery

4-25-2

Received By: (Print Name)

Anne Griffith

Signature - (Addressee or Agent)

Anne Griffith

Enter delivery address if different than item 1.

PS Form 3811 *S-03150A-02-0000* **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

PHOENIX AZ 850 10 PM 23 APR 2002

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

Arizona Corp. Commission
Docket Control
1200 W Washington St
85007-2996

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