0000044319

516

ENDER:
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.

Article Addressed to:

John Augustine, Esq.
2727 N. 3rd Street, Suite 300
Phoenix, AZ 85004

2. Article Number

7180 5335 1300 0000 7319

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10-2

Received By: (Print Name)

SUE ROSENDAHL

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

Sue Rosendahl

PS Form 3811 *S-03476A-02-0000* **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

PHOENIX AZ 850
PM
3 OCT 2002

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

RECEIVED

2002 OCT -4 A 11:01

Arizona Corporation Commission
DOCKETED

OCT 04 2002

DOCKETED BY

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