0000044356

516

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:

Moira McCarthy
Assistant Attorney General
Arizona Attorney General's Office
1275 W. Washington Street
Phoenix, AZ 85007

2. Article Number
7180 5335 1300 0000 7340

3. Service Type ☒ **CERTIFIED**

Date of Delivery OCT 3 2002

Received By: (Print Name) Betty Sue Brooks

Signature - (Addressee or Agent) Betty Sue Brooks

Enter delivery address if different than item 1.

PS Form 3811 ***RS-00000A-02-0005*** **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

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

DOCKETED BY

OCT 08 2002

DOCKETED
AZ CORP COMMISSION
DOCUMENT CONTROL

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

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