0000047139

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 following servic

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Thomas L. Mumaw
PINNCALE WEST CAPITAL CORP LAW D
P. O. Box 53999, MS 8695
Phoenix, Arizona 85004-3999

rticle Numb

[illegible] 800 0000 8446

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10/18

Enter delivery address if different than item 1.

Received By: (Print Name) CARL PORTER, JR.

Signature - (Addressee or Agent) Carl Porter Jr

DOMESTIC RETURN RECEIPT

PS Form 3811 *E-01345A-02-0707*

[redacted]

UNITED STATES POSTAL SERVICE

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

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AZ CORP COMMISSION
DOCUMENT CONTROL

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

Arizona Corporation Commission
DOCKETED
OCT 21 2002

DOCKETED BY