**2. Article Number**

7180 4442 0100 0002 2067

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

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

1. Article Addressed to:

*Dan Austin*
*Comverge, Inc.*
*6509 W. Fry Rd. - 4*
*Chandler, AZ 85226*

3. Service Type ☒ **Certified**

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

*E-01345A-05-0816*

PS Form 3811

**Domestic Return Receipt**

NITED STATES POSTAL SERVICE

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

*Arizona Corporation Commission*
*Docket Control*
*1200 W. Washington*
*Phoenix, AZ 85007*

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DOCUMENT CONTROL

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