0000049607

SIG

**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:

*Jesse A. Dillon*
*PPL*
*2 North Ninth Street*
*Allentown, Pennsylvania 18101*

7180 5335 1300 0000 8385

3. Service Type ☒ **CERTIFIED**

Date of Delivery 10/15/02

Received By: (Print Name) K. Ketchen

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-01345A-02-0707* **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

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

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DOCUMENT CONTROL

*Arizona Corp Commission*
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*85007-2996*

Arizona Corporation Commission
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OCT 22 2002

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