



0000052629

**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:

**AZRS**  
**2627 N. Third Street**  
**Suite Three**  
**Phoenix, AZ 85004-1104**

2. Article Number



7180 5335 1300 0000 4240

3. Service Type  **CERTIFIED**

Date of Delivery

5 - 2

Received By: (Print Name)

S. Swetford

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 T-03714A-01-0805

**DOMESTIC RETURN RECEIPT**