0000053163

ENDER:
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 elivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

Article Addressed to:

Brian Thomas
Time Warner Telecom, Inc.
520 S.W. 6th Avenue
Suite 300
Portland, Oregon 97204

2. Article Number

7180 5335 1300 0000 3830

3. Service Type ☒ **CERTIFIED**

Date of Deliv APR - 1 2002

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature: (Addressee or Agent)

B Hanson

PS Form 3811 *T-01051B-02-0073* **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

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

RECEIVED
2002 APR -4 A 10:51
AZ CORP COMMISSION
DOCUMENT CONTROL

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