0000053181

5/G

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:

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

2. Article Number

7180 5335 1300 0000 4899

3. Service Type ☒ **CERTIFIED**

Date of Delivery

USPS JUN 17 2002 PORTLAND OR 97207

Received By: (Print Name)

Abigail L. Rice

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

S Form 3811 T-01051B-02-0073

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

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

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

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