0000068898

CERTIFIED MAIL
Numerous mailings

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3328

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Steven Lavigne
DUKE ENERGY
4 Triad Center, Suite 1000
Salt Lake City, Utah 84180

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3328

CERTIFIED MAIL

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:

Steven Lavigne
DUKE ENERGY
4 Triad Center, Suite 1000
Salt Lake City, Utah 84180

2. Article Number

7180 5335 1300 0000 3328

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3328

ADDRESSEE LABEL

Steven Lavigne
DUKE ENERGY
4 Triad Center, Suite 1000
Salt Lake City, Utah 84180

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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85007-2996

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www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
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UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3366

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Terry Ross
CENTER FOR ENERGY AND ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL.
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3366

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Terry Ross
CENTER FOR ENERGY AND ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

2. Article Number

7180 5335 1300 0000 3366

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3366

ADDRESSEE LABEL

Terry Ross
CENTER FOR ENERGY AND ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3298

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Steve Segal
LEBOEUF, LAMB, GREENE, & MACRAE
633 17th Street, Suite 2000
Denver, Colorado 80202-3620

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3298

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Steve Segal
LEBOEUF, LAMB, GREENE, & MACRAE
633 17th Street, Suite 2000
Denver, Colorado 80202-3620

2. Article Number

7180 5335 1300 0000 3298

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3298

ADDRESSEE LABEL

Steve Segal
LEBOEUF, LAMB, GREENE, & MACRAE
633 17th Street, Suite 2000
Denver, Colorado 80202-3620

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3359

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Terry Ross
CENTER FOR ENERGY AND ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3359

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Terry Ross
CENTER FOR ENERGY AND ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

2. Article Number

7180 5335 1300 0000 3359

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3359

ADDRESSEE LABEL

Terry Ross
CENTER FOR ENERGY AND ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

LIFT HERE

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VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3304

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Steven C. Gross
PORTER SIMON
40200 Truckee Airport Road
Truckee, California 96161-3307

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3304

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Steven C. Gross
PORTER SIMON
40200 Truckee Airport Road
Truckee, California 96161-3307

2. Article Number

7180 5335 1300 0000 3304

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3304

ADDRESSEE LABEL

Steven C. Gross
PORTER SIMON
40200 Truckee Airport Road
Truckee, California 96161-3307

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3342

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Terry Frothun
ARIZONA STATE AFL-CIO
5818 N. 7th Street, Suite 200
Phoenix, Arizona 85014-5811

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3342

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Terry Frothun
ARIZONA STATE AFL-CIO
5818 N. 7th Street, Suite 200
Phoenix, Arizona 85014-5811

2. Article Number

7180 5335 1300 0000 3342

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3342

ADDRESSEE LABEL

Terry Frothun
ARIZONA STATE AFL-CIO
5818 N. 7th Street, Suite 200
Phoenix, Arizona 85014-5811

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3335

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

TUCSON ELECTRIC POWER CO.
Legal Dept - DB203
220 W 6th Street
P.O. Box 711
Tucson, Arizona 85702-0711

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3335

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

TUCSON ELECTRIC POWER CO.
Legal Dept - DB203
220 W 6th Street
P.O. Box 711
Tucson, Arizona 85702-0711

2. Article Number

7180 5335 1300 0000 3335

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3335

ADDRESSEE LABEL

TUCSON ELECTRIC POWER CO.
Legal Dept - DB203
220 W 6th Street
P.O. Box 711
Tucson, Arizona 85702-0711

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3281

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Steve Montgomery
JOHNSON CONTROLS
2032 West 4th Street
Tempe, Arizona 85281

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3281

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Steve Montgomery
JOHNSON CONTROLS
2032 West 4th Street
Tempe, Arizona 85281

2. Article Number

7180 5335 1300 0000 3281

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3281

ADDRESSEE LABEL

Steve Montgomery
JOHNSON CONTROLS
2032 West 4th Street
Tempe, Arizona 85281

LIFT HERE

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
Permit No. G-10

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2819

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Kevin C. Higgins
ENERGY STRATEGIES, LLC
30 Market Street, Suite 200
Salt Lake City, Utah 84101

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2819

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Kevin C. Higgins
ENERGY STRATEGIES, LLC
30 Market Street, Suite 200
Salt Lake City, Utah 84101

2. Article Number

7180 5335 1300 0000 2819

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2819

ADDRESSEE LABEL

Kevin C. Higgins
ENERGY STRATEGIES, LLC
30 Market Street, Suite 200
Salt Lake City, Utah 84101

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2833

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Larry F. Eisenstat
Frederick D. Ochsenhirt
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street, NW
Washington, DC 20037

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2833

CERTIFIED MAIL

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:

Larry F. Eisenstat
Frederick D. Ochsenhirt
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street, NW
Washington, DC 20037

2. Article Number

7180 5335 1300 0000 2833

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2833

ADDRESSEE LABEL

Larry F. Eisenstat
Frederick D. Ochsenhirt
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street, NW
Washington, DC 20037

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1200 W Washington St
85007-2996

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www.lasersub.com
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U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2840

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Larry McGraw
USDA-RUS
6266 Weeping Willow
Rio Rancho, New Mexico 87124

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2840

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Larry McGraw
USDA-RUS
6266 Weeping Willow
Rio Rancho, New Mexico 87124

2. Article Number

7180 5335 1300 0000 2840

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2840

ADDRESSEE LABEL

Larry McGraw
USDA-RUS
6266 Weeping Willow
Rio Rancho, New Mexico 87124

UNITED STATES POSTAL SERVICE

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

LIFT HERE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2871

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Leslie Lawner
ENRON CORP
712 North Lea
Roswell, New Mexico 88201

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2871

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Leslie Lawner
ENRON CORP
712 North Lea
Roswell, New Mexico 88201

2. Article Number

7180 5335 1300 0000 2871

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2871

ADDRESSEE LABEL

Leslie Lawner
ENRON CORP
712 North Lea
Roswell, New Mexico 88201

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2888

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Libby Brydolf
CALIFORNIA ENERGY MARKETS NEWSLETTER
2419 Bancroft Street
San Diego, California 92104

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2888

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Libby Brydolf
CALIFORNIA ENERGY MARKETS NEWSLETTER
2419 Bancroft Street
San Diego, California 92104

2. Article Number

7180 5335 1300 0000 2888

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2888

ADDRESSEE LABEL

Libby Brydolf
CALIFORNIA ENERGY MARKETS NEWSLETTER
2419 Bancroft Street
San Diego, California 92104

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2901

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Lori Glover
STIRLING ENERGY SYSTEMS
2920 E. Camelback Rd., Suite 150
Phoenix, Arizona 85016

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2901

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Lori Glover
STIRLING ENERGY SYSTEMS
2920 E. Camelback Rd., Suite 150
Phoenix, Arizona 85016

2. Article Number

7180 5335 1300 0000 2901

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2901

ADDRESSEE LABEL

Lori Glover
STIRLING ENERGY SYSTEMS
2920 E. Camelback Rd., Suite 150
Phoenix, Arizona 85016

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2932

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Marcia Weeks
18970 N. 116th Lane
Surprise, Arizona 85374

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2932

CERTIFIED MAIL

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:

Marcia Weeks
18970 N. 116th Lane
Surprise, Arizona 85374

2. Article Number

7180 5335 1300 0000 2932

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2932

ADDRESSEE LABEL

Marcia Weeks
18970 N. 116th Lane
Surprise, Arizona 85374

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2956

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Mark Sirois
ARIZONA COMMUNITY ACTION ASSOC.
2627 N. Third Street, Suite 2
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2956

CERTIFIED MAIL

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.
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- 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:

Mark Sirois
ARIZONA COMMUNITY ACTION ASSOC.
2627 N. Third Street, Suite 2
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 2956

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2956

ADDRESSEE LABEL

Mark Sirois
ARIZONA COMMUNITY ACTION ASSOC.
2627 N. Third Street, Suite 2
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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85007-2996

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3229

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Russell E. Jones
WATERFALL ECONOMIDIS CALDWELL HANSHAW & VILLAM
5210 E. Williams Circle, Suite 800
Tucson, Arizona 85711

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3229

CERTIFIED MAIL

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:

Russell E. Jones
WATERFALL ECONOMIDIS CALDWELL HANSHAW & VILLAM
5210 E. Williams Circle, Suite 800
Tucson, Arizona 85711

2. Article Number

7180 5335 1300 0000 3229

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

ADDRESSEE LABEL

Russell E. Jones
WATERFALL ECONOMIDIS CALDWELL HANSHAW
5210 E. Williams Circle, Suite 800
Tucson, Arizona 85711

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3038

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Patricia Cooper
AEPCO/SSWEPCO
1000 South Highway 80
Benson, Arizona 85602

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3038

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Patricia Cooper
AEPCO/SSWEPCO
1000 South Highway 80
Benson, Arizona 85602

2. Article Number

7180 5335 1300 0000 3038

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3038

ADDRESSEE LABEL

Patricia Cooper
AEPCO/SSWEPCO
1000 South Highway 80
Benson, Arizona 85602

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AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3052

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Paul Bullis
OFFICE OF THE ATTORNEY GENERAL
1275 W. Washington Street
Phoenix, Arizona 85007

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3052

CERTIFIED MAIL

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:

Paul Bullis
OFFICE OF THE ATTORNEY GENERAL
1275 W. Washington Street
Phoenix, Arizona 85007

2. Article Number

7180 5335 1300 0000 3052

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3052

ADDRESSEE LABEL

Paul Bullis
OFFICE OF THE ATTORNEY GENERAL
1275 W. Washington Street
Phoenix, Arizona 85007

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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

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FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3076

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Peter Q. Nyce, Jr.
DEPARTMENT OF THE ARMY
JALS-RS Suite 713
901 N. Stuart Street
Arlington, Virginia 22203-1837

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3076

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Peter Q. Nyce, Jr.
DEPARTMENT OF THE ARMY
JALS-RS Suite 713
901 N. Stuart Street
Arlington, Virginia 22203-1837

2. Article Number

7180 5335 1300 0000 3076

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3076

ADDRESSEE LABEL

Peter Q. Nyce, Jr.
DEPARTMENT OF THE ARMY
JALS-RS Suite 713
901 N. Stuart Street
Arlington, Virginia 22203-1837

LIFT HERE

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USPS
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5,836,622
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UNITED STATES POSTAL SERVICE APPROVED

TIONING EXIST, EVEN
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THEREFORE, A REGISTRATION
GHT, WHEN UTILIZED WITH
RE SET-UP, WILL ENSURE
IGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3083

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Peter Van Haren
CITY OF PHOENIX
Attn: Jesse W. Sears
200 W. Washington Street, Suite 1300
Phoenix, Arizona 85003-1611

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3083

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Peter Van Haren
CITY OF PHOENIX
Attn: Jesse W. Sears
200 W. Washington Street, Suite 1300
Phoenix, Arizona 85003-1611

2. Article Number

7180 5335 1300 0000 3083

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3083

ADDRESSEE LABEL

Peter Van Haren
CITY OF PHOENIX
Attn: Jesse W. Sears
200 W. Washington Street, Suite 1300
Phoenix, Arizona 85003-1611

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USPS
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2970

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Michael A. Curtis
William P. Sullivan
Paul R. Michaud
MARTINEZ & CURTIS, P.C.
2712 North 7th Street
Phoenix, Arizona 85006

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2970

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Michael A. Curtis
William P. Sullivan
Paul R. Michaud
MARTINEZ & CURTIS, P.C.
2712 North 7th Street
Phoenix, Arizona 85006

2. Article Number

7180 5335 1300 0000 2970

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2970

ADDRESSEE LABEL

Michael A. Curtis
William P. Sullivan
Paul R. Michaud
MARTINEZ & CURTIS, P.C.
2712 North 7th Street
Phoenix, Arizona 85006

LIFT HERE

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
Permit No. G-10

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2994

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Michael Grant
GALLAGHER & KENNEDY
2575 East Camelback Road
Phoenix, Arizona 85016-9225

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2994

CERTIFIED MAIL

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.
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- 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:

Michael Grant
GALLAGHER & KENNEDY
2575 East Camelback Road
Phoenix, Arizona 85016-9225

2. Article Number

7180 5335 1300 0000 2994

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2994

ADDRESSEE LABEL

Michael Grant
GALLAGHER & KENNEDY
2575 East Camelback Road
Phoenix, Arizona 85016-9225

LIFT HERE

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First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3120

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Raymond S. Heyman
Michael W. Patten
ROSHKA HEYMAN & DEWULF, PLC
400 E. Van Buren, Suite 800
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3120

CERTIFIED MAIL

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.
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- 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:

Raymond S. Heyman
Michael W. Patten
ROSHKA HEYMAN & DEWULF, PLC
400 E. Van Buren, Suite 800
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 3120

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3120

ADDRESSEE LABEL

Raymond S. Heyman
Michael W. Patten
ROSHKA HEYMAN & DEWULF, PLC
400 E. Van Buren, Suite 800
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Arizona Corp. Commission
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85007-2996

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VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3106

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Philip Key
RENEWABLE ENERGY LEADERSHIP GROUP
10631 E. Autumn Sage Drive
Scottsdale, Arizona 85259

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3106

CERTIFIED MAIL

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.
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- 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:

Philip Key
RENEWABLE ENERGY LEADERSHIP GROUP
10631 E. Autumn Sage Drive
Scottsdale, Arizona 85259

2. Article Number

7180 5335 1300 0000 3106

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3106

ADDRESSEE LABEL

Philip Key
RENEWABLE ENERGY LEADERSHIP GROUP
10631 E. Autumn Sage Drive
Scottsdale, Arizona 85259

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3090

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Peter W. Frost
Conoco Gas and Power Marketing
600 N. Dairy Ashford, CH-1068
Houston, Texas 77079

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3090

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Peter W. Frost
Conoco Gas and Power Marketing
600 N. Dairy Ashford, CH-1068
Houston, Texas 77079

2. Article Number

7180 5335 1300 0000 3090

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3090

ADDRESSEE LABEL

Peter W. Frost
Conoco Gas and Power Marketing
600 N. Dairy Ashford, CH-1068
Houston, Texas 77079

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USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3014

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Michelle Ahlmer
ARIZONA RETAILERS ASSOCIATION
224 W. 2nd Street
Mesa, Arizona 85201-6504

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3014

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Michelle Ahlmer
ARIZONA RETAILERS ASSOCIATION
224 W. 2nd Street
Mesa, Arizona 85201-6504

2. Article Number

7180 5335 1300 0000 3014

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3014

ADDRESSEE LABEL

Michelle Ahlmer
ARIZONA RETAILERS ASSOCIATION
224 W. 2nd Street
Mesa, Arizona 85201-6504

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800-538-4900
www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No. 5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3007

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Michael L. Kurtz
BORHM KURTZ & LOWRY
36 E. Seventh Street, Suite 2110
Cincinnati, Ohio 45202

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3007

CERTIFIED MAIL

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:

Michael L. Kurtz
BORHM KURTZ & LOWRY
36 E. Seventh Street, Suite 2110
Cincinnati, Ohio 45202

2. Article Number

7180 5335 1300 0000 3007

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3007

ADDRESSEE LABEL

Michael L. Kurtz
BORHM KURTZ & LOWRY
36 E. Seventh Street, Suite 2110
Cincinnati, Ohio 45202

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Arizona Corp. Commission
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85007-2996

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2949

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Margaret McConnell
Maricopa Community Colleges
2411 W. 14th Street
Tempe, Arizona 85281-6942

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2949

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Margaret McConnell
Maricopa Community Colleges
2411 W. 14th Street
Tempe, Arizona 85281-6942

2. Article Number

7180 5335 1300 0000 2949

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2949

ADDRESSEE LABEL

Margaret McConnell
Maricopa Community Colleges
2411 W. 14th Street
Tempe, Arizona 85281-6942

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
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85007-2996

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2918

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

M.C. Arendes, Jr.
C3 COMMUNICATIONS, INC.
2600 Via Fortuna, Suite 500
Austin, Texas 78746

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2918

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

M.C. Arendes, Jr.
C3 COMMUNICATIONS, INC.
2600 Via Fortuna, Suite 500
Austin, Texas 78746

2. Article Number

7180 5335 1300 0000 2918

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2918

ADDRESSEE LABEL

M.C. Arendes, Jr.
C3 COMMUNICATIONS, INC.
2600 Via Fortuna, Suite 500
Austin, Texas 78746

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2857

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Laurie Woodall
OFFICE OF THE ATTORNEY GENERAL
15 S. 15th Avenue
Phoenix, Arizona 85007

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2857

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Laurie Woodall
OFFICE OF THE ATTORNEY GENERAL
15 S. 15th Avenue
Phoenix, Arizona 85007

2. Article Number

7180 5335 1300 0000 2857

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2857

ADDRESSEE LABEL

Laurie Woodall
OFFICE OF THE ATTORNEY GENERAL
15 S. 15th Avenue
Phoenix, Arizona 85007

LIFT HERE

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2963

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Mary-Ellen Kane
ACAA
2627 N. 3rd Street, Suite Two
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2963

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Mary-Ellen Kane
ACAA
2627 N. 3rd Street, Suite Two
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 2963

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2963

ADDRESSEE LABEL

Mary-Ellen Kane
ACAA
2627 N. 3rd Street, Suite Two
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2987

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Michael A. Trentel
Patrick W. Burnett
PANDA ENERGY INTERNATIONAL INC
4100 Spring Valley, Suite 1010
Dallas, Texas 75244

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2987

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Michael A. Trentel
Patrick W. Burnett
PANDA ENERGY INTERNATIONAL INC
4100 Spring Valley, Suite 1010
Dallas, Texas 75244

2. Article Number

7180 5335 1300 0000 2987

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2987

ADDRESSEE LABEL

Michael A. Trentel
Patrick W. Burnett
PANDA ENERGY INTERNATIONAL INC
4100 Spring Valley, Suite 1010
Dallas, Texas 75244

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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Docket Control
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85007-2996

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UNITED STATES POSTAL SERVICE APPROVED

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3113

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Raymond B. Wuslich
WINSTON & STRAWN
1400 L Street, NW
Washington, DC 20005

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3113

CERTIFIED MAIL

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.
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- 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:

Raymond B. Wuslich
WINSTON & STRAWN
1400 L Street, NW
Washington, DC 20005

2. Article Number

7180 5335 1300 0000 3113

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3113

ADDRESSEE LABEL

Raymond B. Wuslich
WINSTON & STRAWN
1400 L Street, NW
Washington, DC 20005

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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UNITED STATES POSTAL SERVICE APPROVED

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3144

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Rick Lavis
ARIZONA COTTON GROWERS ASSOCIATION
4139 East Broadway Road
Phoenix, Arizona 85040

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE **RECEIPT FOR CERTIFIED MAIL**
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3144

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Rick Lavis
ARIZONA COTTON GROWERS ASSOCIATION
4139 East Broadway Road
Phoenix, Arizona 85040

2. Article Number

7180 5335 1300 0000 3144

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3144

ADDRESSEE LABEL

Rick Lavis
ARIZONA COTTON GROWERS ASSOCIATION
4139 East Broadway Road
Phoenix, Arizona 85040

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3175

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Robert Baltes
ARIZONA COGENERATION ASSOC.
7250 N. 16th Street, Suite 102
Phoenix, Arizona 85020-5270

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3175

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Robert Baltes
ARIZONA COGENERATION ASSOC.
7250 N. 16th Street, Suite 102
Phoenix, Arizona 85020-5270

2. Article Number

7180 5335 1300 0000 3175

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3175

ADDRESSEE LABEL

Robert Baltes
ARIZONA COGENERATION ASSOC.
7250 N. 16th Street, Suite 102
Phoenix, Arizona 85020-5270

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2802

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Kathy T. Puckett
SHELL OIL COMPANY
200 N. Dairy Ashford
Houston, Texas 77079

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2802

CERTIFIED MAIL

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:

Kathy T. Puckett
SHELL OIL COMPANY
200 N. Dairy Ashford
Houston, Texas 77079

2. Article Number

7180 5335 1300 0000 2802

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2802

ADDRESSEE LABEL

Kathy T. Puckett
SHELL OIL COMPANY
200 N. Dairy Ashford
Houston, Texas 77079

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2826

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Kevin McSpadden
MILBANK, TWEED, HADLEY AND MCCLOY, LLP
601 S. Figueroa, 30th Floor
Los Angeles, California 90017

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2826

CERTIFIED MAIL

SENDER:
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Kevin McSpadden
MILBANK, TWEED, HADLEY AND MCCLOY, LLP
601 S. Figueroa, 30th Floor
Los Angeles, California 90017

2. Article Number

7180 5335 1300 0000 2826

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2826

ADDRESSEE LABEL

Kevin McSpadden
MILBANK, TWEED, HADLEY AND MCCLOY, LLP
601 S. Figueroa, 30th Floor
Los Angeles, California 90017

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2864

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Lawrence V. Robertson Jr.
MUNGER CHADWICK, PLC
333 North Wilmot, Suite 300
Tucson, Arizona 85711-2634

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2864

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Lawrence V. Robertson Jr.
MUNGER CHADWICK, PLC
333 North Wilmot, Suite 300
Tucson, Arizona 85711-2634

2. Article Number

7180 5335 1300 0000 2864

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2864

ADDRESSEE LABEL

Lawrence V. Robertson Jr.
MUNGER CHADWICK, PLC
333 North Wilmot, Suite 300
Tucson, Arizona 85711-2634

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2895

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Lindy Funkhouser
Scott S. Wakefield
RUCO
2828 N Central Ave, Suite 1200
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

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UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2895

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Lindy Funkhouser
Scott S. Wakefield
RUCO
2828 N Central Ave, Suite 1200
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 2895

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2895

ADDRESSEE LABEL

Lindy Funkhouser
Scott S. Wakefield
RUCO
2828 N Central Ave, Suite 1200
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2925

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Marcia Weeks
18970 N. 116th Lane
Surprise, Arizona 85374

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2925

CERTIFIED MAIL

SENDER:
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- 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:

Marcia Weeks
18970 N. 116th Lane
Surprise, Arizona 85374

2. Article Number

7180 5335 1300 0000 2925

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2925

ADDRESSEE LABEL

Marcia Weeks
18970 N. 116th Lane
Surprise, Arizona 85374

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USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3021

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Norman J. Furuta
DEPARTMENT OF THE NAVY
900 Commodore Drive, Building 107
San Bruno, California 94066-5006

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3021

CERTIFIED MAIL

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:

Norman J. Furuta
DEPARTMENT OF THE NAVY
900 Commodore Drive, Building 107
San Bruno, California 94066-5006

2. Article Number

7180 5335 1300 0000 3021

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3021

ADDRESSEE LABEL

Norman J. Furuta
DEPARTMENT OF THE NAVY
900 Commodore Drive, Building 107
San Bruno, California 94066-5006

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3045

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Patrick J. Sanderson
ARIZONA INDEPENDENT SCHEDULING
ADMINISTRATOR ASSOCIATION
P.O. Box 6277
Phoenix, Arizona 85005-6277

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE. **RECEIPT FOR CERTIFIED MAIL**
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3045

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Patrick J. Sanderson
ARIZONA INDEPENDENT SCHEDULING
ADMINISTRATOR ASSOCIATION
P.O. Box 6277
Phoenix, Arizona 85005-6277

2. Article Number

7180 5335 1300 0000 3045

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3045

ADDRESSEE LABEL

Patrick J. Sanderson
ARIZONA INDEPENDENT SCHEDULING
ADMINISTRATOR ASSOCIATION
P.O. Box 6277
Phoenix, Arizona 85005-6277

LIFT HERE

UNITED STATES POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3069

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Paul W. Taylor
R W BECK
2201 E. Camelback Rd Suite 115-B
Phoenix, Arizona 85016-3433

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3069

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Paul W. Taylor
R W BECK
2201 E. Camelback Rd Suite 115-B
Phoenix, Arizona 85016-3433

2. Article Number

7180 5335 1300 0000 3069

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3069

ADDRESSEE LABEL

Paul W. Taylor
R W BECK
2201 E. Camelback Rd Suite 115-B
Phoenix, Arizona 85016-3433

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2383

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Chuck Garcia
PNM, Law Department
Alvardo Square, MS 0806
Albuquerque, New Mexico 87158

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2383

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Chuck Garcia
PNM, Law Department
Alvardo Square, MS 0806
Albuquerque, New Mexico 87158

2. Article Number

7180 5335 1300 0000 2383

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2383

ADDRESSEE LABEL

Chuck Garcia
PNM, Law Department
Alvardo Square, MS 0806
Albuquerque, New Mexico 87158

UNITED STATES POSTAL SERVICE

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

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www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2352

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Christopher Hitchcock
HITCHCOCK & HICKS
P.O. Box 87
Bisbee, Arizona 85603-0087

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2352

CERTIFIED MAIL

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:

Christopher Hitchcock
HITCHCOCK & HICKS
P.O. Box 87
Bisbee, Arizona 85603-0087

2. Article Number

7180 5335 1300 0000 2352

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2352

ADDRESSEE LABEL

Christopher Hitchcock
HITCHCOCK & HICKS
P.O. Box 87
Bisbee, Arizona 85603-0087

LIFT HERE

UNITED STATES POSTAL SERVICE

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

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3267

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Stephen L. Teichler
Stephanie A. Conaghan
DUANE MORRIS & HECKSCHER, LLP
1667 K Street NW, Suite 700
Washington, DC 20006

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3267

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Stephen L. Teichler
Stephanie A. Conaghan
DUANE MORRIS & HECKSCHER, LLP
1667 K Street NW, Suite 700
Washington, DC 20006

2. Article Number

7180 5335 1300 0000 3267

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3267

ADDRESSEE LABEL

Stephen L. Teichler
Stephanie A. Conaghan
DUANE MORRIS & HECKSCHER, LLP
1667 K Street NW, Suite 700
Washington, DC 20006

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3274

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Steve Brittle
DON=T WASTE ARIZONA, INC.
6205 South 12th Street
Phoenix, Arizona 85040

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3274

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Steve Brittle
DON=T WASTE ARIZONA, INC.
6205 South 12th Street
Phoenix, Arizona 85040

2. Article Number

7180 5335 1300 0000 3274

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3274

ADDRESSEE LABEL

Steve Brittle
DON=T WASTE ARIZONA, INC.
6205 South 12th Street
Phoenix, Arizona 85040

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3311

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Steven J. Duffy
RIDGE & ISAACSON PC
3101 N. Central Avenue, Suite 740
Phoenix, Arizona 85012

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3311

CERTIFIED MAIL

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1. Article Addressed to:

Steven J. Duffy
RIDGE & ISAACSON PC
3101 N. Central Avenue, Suite 740
Phoenix, Arizona 85012

2. Article Number

7180 5335 1300 0000 3311

3. Service Type ☒ CERTIFIED

Date of Delivery

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Signature - (Addressee or Agent)

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PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3311

ADDRESSEE LABEL

Steven J. Duffy
RIDGE & ISAACSON PC
3101 N. Central Avenue, Suite 740
Phoenix, Arizona 85012

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UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3373

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Terry Ross
CENTER FOR ENERGY AND
ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3373

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Terry Ross
CENTER FOR ENERGY AND
ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

2. Article Number

7180 5335 1300 0000 3373

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3373

ADDRESSEE LABEL

Terry Ross
CENTER FOR ENERGY AND
ECONOMIC DEVELOPMENT
P.O. Box 288
Franktown, Colorado 80116-0288

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1200 W Washington St
85007-2996

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U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3397

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Theresa Mead
AES NewEnergy
P.O. Box 65447
Tucson, Arizona 85728

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3397

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Theresa Mead
AES NewEnergy
P.O. Box 65447
Tucson, Arizona 85728

2. Article Number

7180 5335 1300 0000 3397

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3397

ADDRESSEE LABEL

Theresa Mead
AES NewEnergy
P.O. Box 65447
Tucson, Arizona 85728

LIFT HERE

UNITED STATES POSTAL SERVICE

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

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3441

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Walter W. Meek, President
ARIZONA UTILITY INVESTORS ASSOCIATION
2100 N. Central Avenue, Suite 210
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3441

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ARIZONA UTILITY INVESTORS ASSOCIATION
2100 N. Central Avenue, Suite 210
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 3441

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3441

ADDRESSEE LABEL

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ARIZONA UTILITY INVESTORS ASSOCIATION
2100 N. Central Avenue, Suite 210
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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

ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3465

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

William J. Murphy
CITY OF PHOENIX
2631 S. 22nd Avenue
Phoenix, Arizona 85009

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3465

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

William J. Murphy
CITY OF PHOENIX
2631 S. 22nd Avenue
Phoenix, Arizona 85009

2. Article Number

7180 5335 1300 0000 3465

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3465

ADDRESSEE LABEL

William J. Murphy
CITY OF PHOENIX
2631 S. 22nd Avenue
Phoenix, Arizona 85009

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3472

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

William P. Inman
Dept. of Revenue
1600 W. Monroe, Room 911
Phoenix, Arizona 85007

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3472

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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

William P. Inman
Dept. of Revenue
1600 W. Monroe, Room 911
Phoenix, Arizona 85007

2. Article Number

7180 5335 1300 0000 3472

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3472

ADDRESSEE LABEL

William P. Inman
Dept. of Revenue
1600 W. Monroe, Room 911
Phoenix, Arizona 85007

LIFT HERE

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800-538-4900
www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3380

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Theresa Drake
IDAHO POWER COMPANY
P.O. Box 70
Boise, Idaho 83707

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3380

CERTIFIED MAIL

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:

Theresa Drake
IDAHO POWER COMPANY
P.O. Box 70
Boise, Idaho 83707

2. Article Number

7180 5335 1300 0000 3380

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3380

ADDRESSEE LABEL

Theresa Drake
IDAHO POWER COMPANY
P.O. Box 70
Boise, Idaho 83707

LIFT HERE

UNITED STATES POSTAL SERVICE

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

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

Arizona Corp. Commission
Docket Control
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85007-2996

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3427

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Vicki G. Sandler
C/o Linda Spell
APS Energy Services
P.O. Box 53901
Mail Station 8103
Phoenix, Arizona 85072-3901

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3427

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Vicki G. Sandler
C/o Linda Spell
APS Energy Services
P.O. Box 53901
Mail Station 8103
Phoenix, Arizona 85072-3901

2. Article Number

7180 5335 1300 0000 3427

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3427

ADDRESSEE LABEL

Vicki G. Sandler
C/o Linda Spell
APS Energy Services
P.O. Box 53901
Mail Station 8103
Phoenix, Arizona 85072-3901

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3434

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Vinnie Hunt
CITY OF TUCSON
Department of Operations
4004 S. Park Avenue, Building #2
Tucson, Arizona 85714

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE. RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3434

CERTIFIED MAIL

SENDER:
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Vinnie Hunt
CITY OF TUCSON
Department of Operations
4004 S. Park Avenue, Building #2
Tucson, Arizona 85714

2. Article Number

7180 5335 1300 0000 3434

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3434

ADDRESSEE LABEL

Vinnie Hunt
CITY OF TUCSON
Department of Operations
4004 S. Park Avenue, Building #2
Tucson, Arizona 85714

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3458

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

William Baker
ELECTRICAL DISTRICT NO. 6
P.O. Box 16450
Phoenix, Arizona 85011

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3458

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

William Baker
ELECTRICAL DISTRICT NO. 6
P.O. Box 16450
Phoenix, Arizona 85011

2. Article Number

7180 5335 1300 0000 3458

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3458

ADDRESSEE LABEL

William Baker
ELECTRICAL DISTRICT NO. 6
P.O. Box 16450
Phoenix, Arizona 85011

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3410

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Timothy Michael Toy
WINTHROP, STIMSON, PUTNAM & ROBERTS
One Battery Park Plaza
New York, New York 10004-1490

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3410

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Timothy Michael Toy
WINTHROP, STIMSON, PUTNAM & ROBERTS
One Battery Park Plaza
New York, New York 10004-1490

2. Article Number

7180 5335 1300 0000 3410

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3410

ADDRESSEE LABEL

Timothy Michael Toy
WINTHROP, STIMSON, PUTNAM & ROBERTS
One Battery Park Plaza
New York, New York 10004-1490

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3403

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Timothy M. Hogan
ARIZONA CENTER FOR LAW
IN THE PUBLIC INTEREST
202 E. McDowell Rd., Suite 153
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3403

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Timothy M. Hogan
ARIZONA CENTER FOR LAW
IN THE PUBLIC INTEREST
202 E. McDowell Rd., Suite 153
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 3403

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3403

ADDRESSEE LABEL

Timothy M. Hogan
ARIZONA CENTER FOR LAW
IN THE PUBLIC INTEREST
202 E. McDowell Rd., Suite 153
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
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1200 W Washington St
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UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2253

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Barbara R. Goldberg
OFFICE OF THE CITY ATTORNEY
3939 Civic Center Blvd.
Scottsdale, Arizona 85251

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2253

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Barbara R. Goldberg
OFFICE OF THE CITY ATTORNEY
3939 Civic Center Blvd.
Scottsdale, Arizona 85251

2. Article Number

7180 5335 1300 0000 2253

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2253

ADDRESSEE LABEL

Barbara R. Goldberg
OFFICE OF THE CITY ATTORNEY
3939 Civic Center Blvd.
Scottsdale, Arizona 85251

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2260

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Barbara S. Bush
COALITION FOR RESPONSIBLE ENERGY EDUCAT
315 West Riviera Drive
Tempe, Arizona 85252

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2260

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Barbara S. Bush
COALITION FOR RESPONSIBLE ENERGY EDUCATION
315 West Riviera Drive
Tempe, Arizona 85252

2. Article Number

7180 5335 1300 0000 2260

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2260

ADDRESSEE LABEL

Barbara S. Bush
COALITION FOR RESPONSIBLE ENERGY EDUCA
315 West Riviera Drive
Tempe, Arizona 85252

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
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85007-2996

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2277

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Barry Huddleston
DESTEC ENERGY
P.O. Box 4411
Houston, Texas 77210-4411

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2277

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Barry Huddleston
DESTEC ENERGY
P.O. Box 4411
Houston, Texas 77210-4411

2. Article Number

7180 5335 1300 0000 2277

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2277

ADDRESSEE LABEL

Barry Huddleston
DESTEC ENERGY
P.O. Box 4411
Houston, Texas 77210-4411

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
1200 W Washington St
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AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2284

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Billie Dean
AVIDD
P O Box 97
Marana, Arizona 85652-0987

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2284

CERTIFIED MAIL

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:

Billie Dean
AVIDD
P O Box 97
Marana, Arizona 85652-0987

2. Article Number

7180 5335 1300 0000 2284

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2284

ADDRESSEE LABEL

Billie Dean
AVIDD
P O Box 97
Marana, Arizona 85652-0987

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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

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U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2307

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Brian Soth
FIRSTPOINT SERVICES, INC.
1001 S.W. 5th Ave, Suite 500
Portland, Oregon 92704

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2307

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Brian Soth
FIRSTPOINT SERVICES, INC.
1001 S.W. 5th Ave, Suite 500
Portland, Oregon 92704

2. Article Number

7180 5335 1300 0000 2307

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2307

ADDRESSEE LABEL

Brian Soth
FIRSTPOINT SERVICES, INC.
1001 S.W. 5th Ave, Suite 500
Portland, Oregon 92704

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2321

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Carl Dabelstein
CITIZENS COMMUNICATIONS
2901 N. Central Ave., Suite 1660
Phoenix, Arizona 85012

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2321

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Carl Dabelstein
CITIZENS COMMUNICATIONS
2901 N. Central Ave., Suite 1660
Phoenix, Arizona 85012

2. Article Number

7180 5335 1300 0000 2321

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2321

ADDRESSEE LABEL

Carl Dabelstein
CITIZENS COMMUNICATIONS
2901 N. Central Ave., Suite 1660
Phoenix, Arizona 85012

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2338

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Carl Robert Aron
Executive Vice President and COO
ITRON, INC.
2818 N. Sullivan Road
Spokane, Washington 99216

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2338

CERTIFIED MAIL

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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Carl Robert Aron
Executive Vice President and COO
ITRON, INC.
2818 N. Sullivan Road
Spokane, Washington 99216

2. Article Number

7180 5335 1300 0000 2338

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2338

ADDRESSEE LABEL

Carl Robert Aron
Executive Vice President and COO
ITRON, INC.
2818 N. Sullivan Road
Spokane, Washington 99216

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2345

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Charles T. Stevens
ARIZONANS FOR ELECTRIC CHOICE & COMPETITI
245 W. Roosevelt
Phoenix, Arizona 85003

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2345

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Charles T. Stevens
ARIZONANS FOR ELECTRIC CHOICE & COMPETITION
245 W. Roosevelt
Phoenix, Arizona 85003

2. Article Number

7180 5335 1300 0000 2345

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2345

ADDRESSEE LABEL

Charles T. Stevens
ARIZONANS FOR ELECTRIC CHOICE & COMPETITION
245 W. Roosevelt
Phoenix, Arizona 85003

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2369

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Christopher J. Emge
ARIZONA COMMUNITY ACTION ASSOC.
2627 N. 3rd Street, Suite 2
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2369

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Christopher J. Emge
ARIZONA COMMUNITY ACTION ASSOC.
2627 N. 3rd Street, Suite 2
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 2369

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2369

ADDRESSEE LABEL

Christopher J. Emge
ARIZONA COMMUNITY ACTION ASSOC.
2627 N. 3rd Street, Suite 2
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
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5,836,622
AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2376

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Christopher Kempley, Chief Counsel
ARIZONA CORPORATION COMMISSION
1200 W. Washington Street
Phoenix, Arizona 85007

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2376

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Christopher Kempley, Chief Counsel
ARIZONA CORPORATION COMMISSION
1200 W. Washington Street
Phoenix, Arizona 85007

2. Article Number

7180 5335 1300 0000 2376

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2376

ADDRESSEE LABEL

Christopher Kempley, Chief Counsel
ARIZONA CORPORATION COMMISSION
1200 W. Washington Street
Phoenix, Arizona 85007

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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85007-2996

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2390

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Chuck Miessner
NEV SOUTHWEST LLC
P.O. Box 711, Mailstop-DA308
Tucson, Arizona 85702-0711

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2390

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Chuck Miessner
NEV SOUTHWEST LLC
P.O. Box 711, Mailstop-DA308
Tucson, Arizona 85702-0711

2. Article Number

7180 5335 1300 0000 2390

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

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PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2390

ADDRESSEE LABEL

Chuck Miessner
NEV SOUTHWEST LLC
P.O. Box 711, Mailstop-DA308
Tucson, Arizona 85702-0711

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2406

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Clara Peterson
AARP
HC 31, Box 977
Happy Jack, Arizona 86024

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2406

CERTIFIED MAIL

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1. Article Addressed to:

Clara Peterson
AARP
HC 31, Box 977
Happy Jack, Arizona 86024

2. Article Number

7180 5335 1300 0000 2406

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

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ADDRESSEE LABEL

Clara Peterson
AARP
HC 31, Box 977
Happy Jack, Arizona 86024

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Permit No. G-10

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AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2291

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Bradford A. Borman
PACIFICORP
201 S. Main, Suite 2000
Salt Lake City, Utah 84140

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2291

CERTIFIED MAIL

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:

Bradford A. Borman
PACIFICORP
201 S. Main, Suite 2000
Salt Lake City, Utah 84140

2. Article Number

7180 5335 1300 0000 2291

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2291

ADDRESSEE LABEL

Bradford A. Borman
PACIFICORP
201 S. Main, Suite 2000
Salt Lake City, Utah 84140

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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

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www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2314

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

C. Webb Crockett
Jay L. Shapiro
FENNEMORE CRAIG, PC
3003 N. Central Avenue, Suite 2600
Phoenix, Arizona 85012-2913

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2314

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

C. Webb Crockett
Jay L. Shapiro
FENNEMORE CRAIG, PC
3003 N. Central Avenue, Suite 2600
Phoenix, Arizona 85012-2913

2. Article Number

7180 5335 1300 0000 2314

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2314

ADDRESSEE LABEL

C. Webb Crockett
Jay L. Shapiro
FENNEMORE CRAIG, PC
3003 N. Central Avenue, Suite 2600
Phoenix, Arizona 85012-2913

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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85007-2996

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2611

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Greg Patterson
5432 E. Avalon
Phoenix, Arizona 85018

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2611

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Greg Patterson
5432 E. Avalon
Phoenix, Arizona 85018

2. Article Number

7180 5335 1300 0000 2611

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2611

ADDRESSEE LABEL

Greg Patterson
5432 E. Avalon
Phoenix, Arizona 85018

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2598

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

GARKANE POWER ASSOCIATION, INC.
P.O. Box 790
Richfield, Utah 84701

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2598

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

GARKANE POWER ASSOCIATION, INC.
P.O. Box 790
Richfield, Utah 84701

2. Article Number

7180 5335 1300 0000 2598

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2598

ADDRESSEE LABEL

GARKANE POWER ASSOCIATION, INC.
P.O. Box 790
Richfield, Utah 84701

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2574

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Ernest G. Johnson, Utilities Division
ARIZONA CORPORATION COMMISSION
1200 West Washington Street
Phoenix, Arizona 85007

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2574

CERTIFIED MAIL

SENDER:
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- 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:

Ernest G. Johnson, Utilities Division
ARIZONA CORPORATION COMMISSION
1200 West Washington Street
Phoenix, Arizona 85007

2. Article Number

7180 5335 1300 0000 2574

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2574

ADDRESSEE LABEL

Ernest G. Johnson, Utilities Division
ARIZONA CORPORATION COMMISSION
1200 West Washington Street
Phoenix, Arizona 85007

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2581

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Frederick M. Bloom
Commonwealth Energy Corporation
15991 Red Hill Avenue, Suite 201
Tustin, California 92780

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2581

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Frederick M. Bloom
Commonwealth Energy Corporation
15991 Red Hill Avenue, Suite 201
Tustin, California 92780

2. Article Number

7180 5335 1300 0000 2581

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2581

ADDRESSEE LABEL

Frederick M. Bloom
Commonwealth Energy Corporation
15991 Red Hill Avenue, Suite 201
Tustin, California 92780

UNITED STATES POSTAL SERVICE

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

LIFT HERE

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2567

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Douglas Nelson
DOUGLAS C. NELSON PC
7000 N. 16th Street, Suite 120-307
Phoenix, Arizona 85020-5547

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2567

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Douglas Nelson
DOUGLAS C. NELSON PC
7000 N. 16th Street, Suite 120-307
Phoenix, Arizona 85020-5547

2. Article Number

7180 5335 1300 0000 2567

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2567

ADDRESSEE LABEL

Douglas Nelson
DOUGLAS C. NELSON PC
7000 N. 16th Street, Suite 120-307
Phoenix, Arizona 85020-5547

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2543

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Donald R. Allen
Ward Camp
PHASER ADVANCED METERING SERVICES
400 Gold SW, Suite 1200
Albuquerque, New Mexico 87102

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2543

CERTIFIED MAIL

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.
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- 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:

Donald R. Allen
Ward Camp
PHASER ADVANCED METERING SERVICES
400 Gold SW, Suite 1200
Albuquerque, New Mexico 87102

2. Article Number

7180 5335 1300 0000 2543

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2543

ADDRESSEE LABEL

Donald R. Allen
Ward Camp
PHASER ADVANCED METERING SERVICES
400 Gold SW, Suite 1200
Albuquerque, New Mexico 87102

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2536

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

DIXIE ESCALANTE RURAL ELECTRIC ASSOCIATION
CR Box 95
Beryl, Utah 84714

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2536

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

DIXIE ESCALANTE RURAL ELECTRIC ASSOCIATION
CR Box 95
Beryl, Utah 84714

2. Article Number

7180 5335 1300 0000 2536

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2536

ADDRESSEE LABEL

DIXIE ESCALANTE RURAL ELECTRIC ASSOCIATION
CR Box 95
Beryl, Utah 84714

LIFT HERE

UNITED STATES POSTAL SERVICE

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

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2529

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

DIXIE ESCALANTE RURAL ELECTRIC ASSOCIATION
CR Box 95
Beryl, Utah 84714

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2529

CERTIFIED MAIL

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:

DIXIE ESCALANTE RURAL ELECTRIC ASSOCIATION
CR Box 95
Beryl, Utah 84714

2. Article Number

7180 5335 1300 0000 2529

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2529

ADDRESSEE LABEL

DIXIE ESCALANTE RURAL ELECTRIC ASSOCIATION
CR Box 95
Beryl, Utah 84714

LIFT HERE

UNITED STATES POSTAL SERVICE

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

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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

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800-538-4900
www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2512

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Dennis L. Delaney
K.R. SALINE & ASSOC.
160 N. Pasadena, Suite 101
Mesa, Arizona 85201-6764

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2512

CERTIFIED MAIL

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.
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- 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:

Dennis L. Delaney
K.R. SALINE & ASSOC.
160 N. Pasadena, Suite 101
Mesa, Arizona 85201-6764

2. Article Number

7180 5335 1300 0000 2512

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2512

ADDRESSEE LABEL

Dennis L. Delaney
K.R. SALINE & ASSOC.
160 N. Pasadena, Suite 101
Mesa, Arizona 85201-6764

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2758

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

John Jay List
General Counsel
NATIONAL RURAL UTILITIES
COOPERATIVE FINANCE CORP.
2201 Cooperative Way
Herndon, Virginia 21071

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2758

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

John Jay List
General Counsel
NATIONAL RURAL UTILITIES
COOPERATIVE FINANCE CORP.
2201 Cooperative Way
Herndon, Virginia 21071

2. Article Number

7180 5335 1300 0000 2758

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2758

ADDRESSEE LABEL

John Jay List
General Counsel
NATIONAL RURAL UTILITIES
COOPERATIVE FINANCE CORP.
2201 Cooperative Way
Herndon, Virginia 21071

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2772

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

John Wallace
Grand Canyon State Electric Co-op
120 N. 44th Street, Suite 100
Phoenix, Arizona 85034-1822

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2772

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

John Wallace
Grand Canyon State Electric Co-op
120 N. 44th Street, Suite 100
Phoenix, Arizona 85034-1822

2. Article Number

7180 5335 1300 0000 2772

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2772

ADDRESSEE LABEL

John Wallace
Grand Canyon State Electric Co-op
120 N. 44th Street, Suite 100
Phoenix, Arizona 85034-1822

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2789

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

JONES SKELTON & HOCHULI PLC
2901 N. Central Avenue, Suite 800
Phoenix, Arizona 85012

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2789

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

JONES SKELTON & HOCHULI PLC
2901 N. Central Avenue, Suite 800
Phoenix, Arizona 85012

2. Article Number

7180 5335 1300 0000 2789

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2789

ADDRESSEE LABEL

JONES SKELTON & HOCHULI PLC
2901 N. Central Avenue, Suite 800
Phoenix, Arizona 85012

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Postage & Fees Paid
USPS
Permit No. G-10

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2796

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

K.R. Saline
K.R. SALINE & ASSOCIATES
Consulting Engineers
160 N. Pasadena, Suite 101
Mesa, Arizona 85201-6764

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2796

CERTIFIED MAIL

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.
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- 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:

K.R. Saline
K.R. SALINE & ASSOCIATES
Consulting Engineers
160 N. Pasadena, Suite 101
Mesa, Arizona 85201-6764

2. Article Number

7180 5335 1300 0000 2796

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2796

ADDRESSEE LABEL

K.R. Saline
K.R. SALINE & ASSOCIATES
Consulting Engineers
160 N. Pasadena, Suite 101
Mesa, Arizona 85201-6764

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
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85007-2996

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5,836,622
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UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2765

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

John T. Travers
William H. Nau
272 Market Square, Suite 2724
Lake Forest, Illinois 60045

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2765

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

John T. Travers
William H. Nau
272 Market Square, Suite 2724
Lake Forest, Illinois 60045

2. Article Number

7180 5335 1300 0000 2765

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2765

ADDRESSEE LABEL

John T. Travers
William H. Nau
272 Market Square, Suite 2724
Lake Forest, Illinois 60045

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2680

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jeff Schlegel
SWEEP
1167 Samalayuca Drive
Tucson, Arizona 85704-3224

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2680

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Jeff Schlegel
SWEEP
1167 Samalayuca Drive
Tucson, Arizona 85704-3224

2. Article Number

7180 5335 1300 0000 2680

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2680

ADDRESSEE LABEL

Jeff Schlegel
SWEEP
1167 Samalayuca Drive
Tucson, Arizona 85704-3224

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2697

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jeffrey Guldner
Thomas L. Mumaw
SNELL & WILMER
400 E. Van Buren,
One Arizona Center
Phoenix, Arizona 85004-0001

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2697

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Jeffrey Guldner
Thomas L. Mumaw
SNELL & WILMER
400 E. Van Buren,
One Arizona Center
Phoenix, Arizona 85004-0001

2. Article Number

7180 5335 1300 0000 2697

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2697

ADDRESSEE LABEL

Jeffrey Guldner
Thomas L. Mumaw
SNELL & WILMER
400 E. Van Buren,
One Arizona Center
Phoenix, Arizona 85004-0001

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2703

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jessica Youle
PAB300
SALT RIVER PROJECT
P.O. Box 52025
Phoenix, Arizona 85072-2025

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2703

CERTIFIED MAIL

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:

Jessica Youle
PAB300
SALT RIVER PROJECT
P.O. Box 52025
Phoenix, Arizona 85072-2025

2. Article Number

7180 5335 1300 0000 2703

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2703

ADDRESSEE LABEL

Jessica Youle
PAB300
SALT RIVER PROJECT
P.O. Box 52025
Phoenix, Arizona 85072-2025

LIFT HERE

UNITED STATES POSTAL SERVICE

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

PEEL OFF THIS STRIP TO EXPOSE ADHESIVE. AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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

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LaserSubstrates, Inc.™
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www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2710

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jim Driscoll
ARIZONA CITIZEN ACTION
5160 E. Bellevue Street, Apt. 101
Tucson, AZ 85712-4828

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2710

CERTIFIED MAIL

SENDER:
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Jim Driscoll
ARIZONA CITIZEN ACTION
5160 E. Bellevue Street, Apt. 101
Tucson, AZ 85712-4828

2. Article Number

7180 5335 1300 0000 2710

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2710

ADDRESSEE LABEL

Jim Driscoll
ARIZONA CITIZEN ACTION
5160 E. Bellevue Street, Apt. 101
Tucson, AZ 85712-4828

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
1200 W Washington St
85007-2996

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2727

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Joan Walker-Ratliff
Conoco Gas and Power Marketing
1000 S. Pine, 125-4 ST UPO
Ponca City, Oklahoma 74602

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2727

CERTIFIED MAIL

SENDER:
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Joan Walker-Ratliff
Conoco Gas and Power Marketing
1000 S. Pine, 125-4 ST UPO
Ponca City, Oklahoma 74602

2. Article Number

7180 5335 1300 0000 2727

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2727

ADDRESSEE LABEL

Joan Walker-Ratliff
Conoco Gas and Power Marketing
1000 S. Pine, 125-4 ST UPO
Ponca City, Oklahoma 74602

UNITED STATES POSTAL SERVICE

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

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ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2734

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Joe Eichelberger
MAGMA COPPER COMPANY
P.O. Box 37
Superior, Arizona 85273

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2734

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Joe Eichelberger
MAGMA COPPER COMPANY
P.O. Box 37
Superior, Arizona 85273

2. Article Number

7180 5335 1300 0000 2734

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2734

ADDRESSEE LABEL

Joe Eichelberger
MAGMA COPPER COMPANY
P.O. Box 37
Superior, Arizona 85273

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2741

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

John A. LaSota, Jr.
MILLER LASOTA & PETERS, PLC
5225 N. Central Ave., Suite 235
Phoenix, Arizona 85012

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2741

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

John A. LaSota, Jr.
MILLER LASOTA & PETERS, PLC
5225 N. Central Ave., Suite 235
Phoenix, Arizona 85012

2. Article Number

7180 5335 1300 0000 2741

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2741

ADDRESSEE LABEL

John A. LaSota, Jr.
MILLER LASOTA & PETERS, PLC
5225 N. Central Ave., Suite 235
Phoenix, Arizona 85012

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2475

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Dan Neidlinger
NEIDLINGER & ASSOCIATES
3020 N. 17th Drive
Phoenix, Arizona 85015

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2475

CERTIFIED MAIL

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:

Dan Neidlinger
NEIDLINGER & ASSOCIATES
3020 N. 17th Drive
Phoenix, Arizona 85015

2. Article Number

7180 5335 1300 0000 2475

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2475

ADDRESSEE LABEL

Dan Neidlinger
NEIDLINGER & ASSOCIATES
3020 N. 17th Drive
Phoenix, Arizona 85015

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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Docket Control
1200 W Washington St
85007-2996

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U.S. PAT No.
5,836,622
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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2482

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

David A. Crabtree
Dierdre A. Brown
TECO POWER SERVICES CORP.
P.O. Box 111
Tampa, Florida 33602

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2482

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

David A. Crabtree
Dierdre A. Brown
TECO POWER SERVICES CORP.
P.O. Box 111
Tampa, Florida 33602

2. Article Number

7180 5335 1300 0000 2482

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2482

ADDRESSEE LABEL

David A. Crabtree
Dierdre A. Brown
TECO POWER SERVICES CORP.
P.O. Box 111
Tampa, Florida 33602

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2499

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

David Berry
P.O. Box 1064
Scottsdale, Arizona 85252

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2499

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

David Berry
P.O. Box 1064
Scottsdale, Arizona 85252

2. Article Number

7180 5335 1300 0000 2499

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2499

ADDRESSEE LABEL

David Berry
P.O. Box 1064
Scottsdale, Arizona 85252

LIFT HERE →

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Postage & Fees Paid
USPS
Permit No. G-10

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1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2550

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Donna M. Bronski
CITY OF SCOTTSDALE
3939 N. Drinkwater Blvd
Scottsdale, Arizona 85251

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2550

CERTIFIED MAIL

SENDER:
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1. Article Addressed to:

Donna M. Bronski
CITY OF SCOTTSDALE
3939 N. Drinkwater Blvd
Scottsdale, Arizona 85251

2. Article Number

7180 5335 1300 0000 2550

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2550

ADDRESSEE LABEL

Donna M. Bronski
CITY OF SCOTTSDALE
3939 N. Drinkwater Blvd
Scottsdale, Arizona 85251

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UNITED STATES POSTAL SERVICE

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AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2604

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

GARKANE POWER ASSOCIATION, INC.
P.O. Box 790
Christopher J. Emge
John P. Coyle
DUNCAN & ALLEN
1575 Eye Street, N.W., Suite 300
Washington, DC 20005

PS FORM 3800 E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2604

CERTIFIED MAIL

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:

GARKANE POWER ASSOCIATION, INC.
P.O. Box 790
Christopher J. Emge
John P. Coyle
DUNCAN & ALLEN
1575 Eye Street, N.W., Suite 300
Washington, DC 20005

2. Article Number

7180 5335 1300 0000 2604

3. Service Type ☒ CERTIFIED

Date of Delivery

Enter delivery address if different than item 1.

Received By: (Print Name)

Signature - (Addressee or Agent)

PS Form 3811 E-00000A-02-0051 **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2604

ADDRESSEE LABEL

GARKANE POWER ASSOCIATION, INC.
P.O. Box 790
Christopher J. Emge
John P. Coyle
DUNCAN & ALLEN
1575 Eye Street, N.W., Suite 300

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

LaserSubstrates, Inc.™
800-538-4900
www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

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

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2628

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Holly E. Chastain
SCHLUMBERGER RESOURCE
MANAGEMENT SERVICES, INC.
5430 Metric Place
Norcross, Georgia 30092-2550

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2628

CERTIFIED MAIL

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.
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Holly E. Chastain
SCHLUMBERGER RESOURCE
MANAGEMENT SERVICES, INC.
5430 Metric Place
Norcross, Georgia 30092-2550

2. Article Number

7180 5335 1300 0000 2628

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2628

ADDRESSEE LABEL

Holly E. Chastain
SCHLUMBERGER RESOURCE
MANAGEMENT SERVICES, INC.
5430 Metric Place
Norcross, Georgia 30092-2550

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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Docket Control
1200 W Washington St
85007-2996

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UNITED STATES APPROVED POSTAL SERVICE

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2635

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Howard Geller
SWEEP
2260 Baseline Rd., Suite 200
Boulder, Colorado 80302

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2635

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Howard Geller
SWEEP
2260 Baseline Rd., Suite 200
Boulder, Colorado 80302

2. Article Number

7180 5335 1300 0000 2635

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2635

ADDRESSEE LABEL

Howard Geller
SWEEP
2260 Baseline Rd., Suite 200
Boulder, Colorado 80302

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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85007-2996

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VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2642

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

James P. Barlett
5333 N. 7th Street, Suite B-215
Phoenix, Arizona 85014
Attorney for Arizona Power Authority

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2642

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

James P. Barlett
5333 N. 7th Street, Suite B-215
Phoenix, Arizona 85014
Attorney for Arizona Power Authority

2. Article Number

7180 5335 1300 0000 2642

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2642

ADDRESSEE LABEL

James P. Barlett
5333 N. 7th Street, Suite B-215
Phoenix, Arizona 85014
Attorney for Arizona Power Authority

LIFT HERE

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Postage & Fees Paid
USPS
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Docket Control
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2659

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jana Van Ness
APS
Mail Station 9905
P.O. box 53999
Phoenix, Arizona 85072-3999

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2659

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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- 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:

Jana Van Ness
APS
Mail Station 9905
P.O. box 53999
Phoenix, Arizona 85072-3999

2. Article Number

7180 5335 1300 0000 2659

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2659

ADDRESSEE LABEL

Jana Van Ness
APS
Mail Station 9905
P.O. box 53999
Phoenix, Arizona 85072-3999

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3205

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Robert S. Lynch
340 E. Palm Lane, Suite 140
Phoenix, Arizona 85004-4529

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3205

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Robert S. Lynch
340 E. Palm Lane, Suite 140
Phoenix, Arizona 85004-4529

2. Article Number

7180 5335 1300 0000 3205

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3205

ADDRESSEE LABEL

Robert S. Lynch
340 E. Palm Lane, Suite 140
Phoenix, Arizona 85004-4529

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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Docket Control
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3199

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Robert Julian
PPG
1500 Merrell Lane
Belgrade, Montana 59714

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3199

CERTIFIED MAIL

SENDER:
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Robert Julian
PPG
1500 Merrell Lane
Belgrade, Montana 59714

2. Article Number

7180 5335 1300 0000 3199

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3199

ADDRESSEE LABEL

Robert Julian
PPG
1500 Merrell Lane
Belgrade, Montana 59714

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3212

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Roger K. Ferland
QUARLES & BRADY STREICH LANG, L.L.P.
Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE. RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3212

CERTIFIED MAIL

SENDER:
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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Roger K. Ferland
QUARLES & BRADY STREICH LANG, L.L.P.
Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391

2. Article Number

7180 5335 1300 0000 3212

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3212

ADDRESSEE LABEL

Roger K. Ferland
QUARLES & BRADY STREICH LANG, L.L.P.
Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3236

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Ryle J. Carl III
INTERNATION BROTHERHOOD OF
ELECTRICAL WORKERS, L.U. #1116
750 S. Tucson Blvd.
Tucson, Arizona 85716-5698

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3236

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Ryle J. Carl III
INTERNATION BROTHERHOOD OF
ELECTRICAL WORKERS, L.U. #1116
750 S. Tucson Blvd.
Tucson, Arizona 85716-5698

2. Article Number

7180 5335 1300 0000 3236

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3236

ADDRESSEE LABEL

Ryle J. Carl III
INTERNATION BROTHERHOOD OF
ELECTRICAL WORKERS, L.U. #1116
750 S. Tucson Blvd.
Tucson, Arizona 85716-5698

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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800-538-4900
www.lasersub.com
FORM LCD 811 rev. 1/00
U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES POSTAL SERVICE APPROVED

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3243

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Sam Defraw (Attn. Code 00I)
Rate Intervention Division
NAVAL FACILITIES ENGINEERING COMMAND
Building 212, 4th Floor
901 M Street, SE
Washington, DC 20374-5018

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3243

CERTIFIED MAIL

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:

Sam Defraw (Attn. Code 00I)
Rate Intervention Division
NAVAL FACILITIES ENGINEERING COMMAND
Building 212, 4th Floor
901 M Street, SE
Washington, DC 20374-5018

2. Article Number

7180 5335 1300 0000 3243

Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3243

ADDRESSEE LABEL

Sam Defraw (Attn. Code 00I)
Rate Intervention Division
NAVAL FACILITIES ENGINEERING COMMAND
Building 212, 4th Floor
901 M Street, SE
Washington, DC 20374-5018

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3250

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Sanford J. Asman
570 Vinington Court
Dunwoody, Georgia 30350-5710

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 3250

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Sanford J. Asman
570 Vinington Court
Dunwoody, Georgia 30350-5710

2. Article Number

7180 5335 1300 0000 3250

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3250

ADDRESSEE LABEL

Sanford J. Asman
570 Vinington Court
Dunwoody, Georgia 30350-5710

UNITED STATES POSTAL SERVICE

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

LIFT HERE

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ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2505

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

David Couture
TEP
4350 E. Irvington Road
Tucson, Arizona 85714

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2505

CERTIFIED MAIL

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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

David Couture
TEP
4350 E. Irvington Road
Tucson, Arizona 85714

2. Article Number

7180 5335 1300 0000 2505

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2505

ADDRESSEE LABEL

David Couture
TEP
4350 E. Irvington Road
Tucson, Arizona 85714

LIFT HERE

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2413

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

COLUMBUS ELECTRIC COOPERATIVE, INC.
P.O. Box 631
Deming, New Mexico 88031

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2413

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

COLUMBUS ELECTRIC COOPERATIVE, INC.
P.O. Box 631
Deming, New Mexico 88031

2. Article Number

7180 5335 1300 0000 2413

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2413

ADDRESSEE LABEL

COLUMBUS ELECTRIC COOPERATIVE, INC.
P.O. Box 631
Deming, New Mexico 88031

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2420

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

COLUMBUS ELECTRIC COOPERATIVE, INC.
P.O. Box 631
Deming, New Mexico 88031

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2420

CERTIFIED MAIL

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☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

COLUMBUS ELECTRIC COOPERATIVE, INC.
P.O. Box 631
Deming, New Mexico 88031

2. Article Number

7180 5335 1300 0000 2420

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2420

ADDRESSEE LABEL

COLUMBUS ELECTRIC COOPERATIVE, INC.
P.O. Box 631
Deming, New Mexico 88031

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2437

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

CONTINENTAL DIVIDE ELECTRIC COOPERATIVE
P.O. Box 1087
Grants, New Mexico 87020

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2437

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

CONTINENTAL DIVIDE ELECTRIC COOPERATIVE
P.O. Box 1087
Grants, New Mexico 87020

2. Article Number

7180 5335 1300 0000 2437

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2437

ADDRESSEE LABEL

CONTINENTAL DIVIDE ELECTRIC COOPERATIVE
P.O. Box 1087
Grants, New Mexico 87020

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2444

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

CONTINENTAL DIVIDE ELECTRIC COOPERATIVE
P.O. Box 1087
Grants, New Mexico 87020

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2444

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

CONTINENTAL DIVIDE ELECTRIC COOPERATIVE
P.O. Box 1087
Grants, New Mexico 87020

2. Article Number

7180 5335 1300 0000 2444

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2444

ADDRESSEE LABEL

CONTINENTAL DIVIDE ELECTRIC COOPERATIVE
P.O. Box 1087
Grants, New Mexico 87020

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2468

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Curtis L. Kebler
RELIANT RESOURCES, INC.
8996 Etiwanda Avenue
Rancho Cucamonga, California 91739

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2468

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Curtis L. Kebler
RELIANT RESOURCES, INC.
8996 Etiwanda Avenue
Rancho Cucamonga, California 91739

2. Article Number

7180 5335 1300 0000 2468

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2468

ADDRESSEE LABEL

Curtis L. Kebler
RELIANT RESOURCES, INC.
8996 Etiwanda Avenue
Rancho Cucamonga, California 91739

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2451

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Craig Marks
CITIZENS UTILITIES COMPANY
2901 N. Central Avenue, Suite 1660
Phoenix, Arizona 85012-2736

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2451

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Craig Marks
CITIZENS UTILITIES COMPANY
2901 N. Central Avenue, Suite 1660
Phoenix, Arizona 85012-2736

2. Article Number

7180 5335 1300 0000 2451

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2451

ADDRESSEE LABEL

Craig Marks
CITIZENS UTILITIES COMPANY
2901 N. Central Avenue, Suite 1660
Phoenix, Arizona 85012-2736

UNITED STATES POSTAL SERVICE

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

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5,836,622
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UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2161

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

A.B. Baardson
NORDIC POWER
6464 N. Desert Breeze Ct.
Tucson, Arizona 85750-0846

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2161

CERTIFIED MAIL

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:

A.B. Baardson
NORDIC POWER
6464 N. Desert Breeze Ct.
Tucson, Arizona 85750-0846

2. Article Number

7180 5335 1300 0000 2161

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2161

ADDRESSEE LABEL

A.B. Baardson
NORDIC POWER
6464 N. Desert Breeze Ct.
Tucson, Arizona 85750-0846

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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

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www.lasersub.com
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U.S. PAT No.
5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2178

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Aaron Thomas
AES NewEnergy
350 S. Grand Avenue, Suite 2950
Los Angeles, California 90071

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2178

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Aaron Thomas
AES NewEnergy
350 S. Grand Avenue, Suite 2950
Los Angeles, California 90071

2. Article Number

7180 5335 1300 0000 2178

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2178

ADDRESSEE LABEL

Aaron Thomas
AES NewEnergy
350 S. Grand Avenue, Suite 2950
Los Angeles, California 90071

LIFT HERE

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
Permit No. G-10

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2185

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

ARIZONA COMMUNITY ACTION ASSOC.
2627 N. 3rd Street, Suite 2
Phoenix, Arizona 85004

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2185

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ARIZONA COMMUNITY ACTION ASSOC.
2627 N. 3rd Street, Suite 2
Phoenix, Arizona 85004

2. Article Number

7180 5335 1300 0000 2185

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2185

ADDRESSEE LABEL

ARIZONA COMMUNITY ACTION ASSOC.
2627 N. 3rd Street, Suite 2
Phoenix, Arizona 85004

LIFT HERE

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2192

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

ARIZONA DEPT OF COMMERCE
ENERGY OFFICE
3800 North Central Avenue, 12th Floor
Phoenix, Arizona 85012

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2192

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ARIZONA DEPT OF COMMERCE
ENERGY OFFICE
3800 North Central Avenue, 12th Floor
Phoenix, Arizona 85012

2. Article Number

7180 5335 1300 0000 2192

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2192

ADDRESSEE LABEL

ARIZONA DEPT OF COMMERCE
ENERGY OFFICE
3800 North Central Avenue, 12th Floor
Phoenix, Arizona 85012

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UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2208

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Alan Watts
Southern California Public Power Agency
529 Hilda Court
Anaheim, California 92806

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2208

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

Alan Watts
Southern California Public Power Agency
529 Hilda Court
Anaheim, California 92806

2. Article Number

7180 5335 1300 0000 2208

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2208

ADDRESSEE LABEL

Alan Watts
Southern California Public Power Agency
529 Hilda Court
Anaheim, California 92806

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2215

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Albert Sterman
ARIZONA CONSUMERS COUNCIL
2849 East 8th Street
Tucson, Arizona 85716

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2215

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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:

Albert Sterman
ARIZONA CONSUMERS COUNCIL
2849 East 8th Street
Tucson, Arizona 85716

2. Article Number

7180 5335 1300 0000 2215

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2215

ADDRESSEE LABEL

Albert Sterman
ARIZONA CONSUMERS COUNCIL
2849 East 8th Street
Tucson, Arizona 85716

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2222

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Andrew Bettwy
Debra Jacobson
SOUTHWEST GAS CORPORATION
5241 Spring Mountain Road
Las Vegas, Nevada 89150-0001

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2222

CERTIFIED MAIL

SENDER:
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- 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.
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- 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:

Andrew Bettwy
Debra Jacobson
SOUTHWEST GAS CORPORATION
5241 Spring Mountain Road
Las Vegas, Nevada 89150-0001

2. Article Number

7180 5335 1300 0000 2222

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 2222

ADDRESSEE LABEL

Andrew Bettwy
Debra Jacobson
SOUTHWEST GAS CORPORATION
5241 Spring Mountain Road
Las Vegas, Nevada 89150-0001

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
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UNITED STATES POSTAL SERVICE APPROVED

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1 2 3 4 5 6 7

A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2239

RETURN RECEIPT SERVICE	POSTAGE	$ 0.34	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Andrew N. Chau
SHELL ENERGY SERVICES CO., LLC
1221 Lamar, Suite 1000
Houston, Texas 77010

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2239

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
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- 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:

Andrew N. Chau
SHELL ENERGY SERVICES CO., LLC
1221 Lamar, Suite 1000
Houston, Texas 77010

2. Article Number

7180 5335 1300 0000 2239

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2239

ADDRESSEE LABEL

Andrew N. Chau
SHELL ENERGY SERVICES CO., LLC
1221 Lamar, Suite 1000
Houston, Texas 77010

UNITED STATES POSTAL SERVICE

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

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1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2246

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

ARIZONA REPORTING SERVICE, INC.
2627 N. Third Street, Suite Three
Phoenix, Arizona 85004-1104

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE

7180 5335 1300 0000 2246

CERTIFIED MAIL

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

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ARIZONA REPORTING SERVICE, INC.
2627 N. Third Street, Suite Three
Phoenix, Arizona 85004-1104

2. Article Number

7180 5335 1300 0000 2246

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2246

ADDRESSEE LABEL

ARIZONA REPORTING SERVICE, INC.
2627 N. Third Street, Suite Three
Phoenix, Arizona 85004-1104

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2666

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jay I. Moyes
MOYES STOREY
3003 N. Central Ave., Suite 1250
Phoenix, Arizona 85012

PS FORM 3800

E-00000A-02-0051

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2666

CERTIFIED MAIL

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:

Jay I. Moyes
MOYES STOREY
3003 N. Central Ave., Suite 1250
Phoenix, Arizona 85012

2. Article Number

7180 5335 1300 0000 2666

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2666

ADDRESSEE LABEL

Jay I. Moyes
MOYES STOREY
3003 N. Central Ave., Suite 1250
Phoenix, Arizona 85012

UNITED STATES POSTAL SERVICE

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

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85007-2996

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U.S. PAT No. 5,836,622
AND OTHER PATENTS PENDING

UNITED STATES APPROVED POSTAL SERVICE

VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 2673

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Jay Kaprosy
PHOENIX CHAMBER OF COMMERCE
201 N. Central Ave., 27th Floor
Phoenix, Arizona 85073

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 2673

CERTIFIED MAIL

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:

Jay Kaprosy
PHOENIX CHAMBER OF COMMERCE
201 N. Central Ave., 27th Floor
Phoenix, Arizona 85073

2. Article Number

7180 5335 1300 0000 2673

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 2673

ADDRESSEE LABEL

Jay Kaprosy
PHOENIX CHAMBER OF COMMERCE
201 N. Central Ave., 27th Floor
Phoenix, Arizona 85073

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
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VARIATIONS IN POSITIONING EXIST, EVEN BETWEEN PRINTERS FROM THE SAME MANUFACTURER. THEREFORE, A REGISTRATION GRID AT THE RIGHT, WHEN UTILIZED WITH YOUR SOFTWARE SET-UP, WILL ENSURE PERFECT ALIGNMENT OF YOUR POSTAL FORMS.

1 2 3 4 5 6 7
A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3137

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Rick Gilliam
Eric C. Guidry
LAND AND WATER FUND OF THE ROCKIES
ENERGY PROJECT
2260 Baseline Road, Suite 200
Boulder, Colorado 80302

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3137

CERTIFIED MAIL

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
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- 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:

Rick Gilliam
Eric C. Guidry
LAND AND WATER FUND OF THE ROCKIES
ENERGY PROJECT
2260 Baseline Road, Suite 200
Boulder, Colorado 80302

2. Article Number

7180 5335 1300 0000 3137

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3137

ADDRESSEE LABEL

Rick Gilliam
Eric C. Guidry
LAND AND WATER FUND OF THE ROCKIES
ENERGY PROJECT
2260 Baseline Road, Suite 200
Boulder, Colorado 80302

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3151

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Rick Lavis
ARIZONA COTTON GROWERS ASSOCIATION
4139 East Broadway Road
Phoenix, Arizona 85040

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3151

CERTIFIED MAIL

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.
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- 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:

Rick Lavis
ARIZONA COTTON GROWERS ASSOCIATION
4139 East Broadway Road
Phoenix, Arizona 85040

2. Article Number

7180 5335 1300 0000 3151

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3151

ADDRESSEE LABEL

Rick Lavis
ARIZONA COTTON GROWERS ASSOCIATION
4139 East Broadway Road
Phoenix, Arizona 85040

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USPS
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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3168

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Robert Annan
ARIZONA CLEAN ENERGY INDUSTRIES ALLIANCE
6605 E. Evening Glow Drive
Scottsdale, Arizona 85262

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3168

CERTIFIED MAIL

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:

Robert Annan
ARIZONA CLEAN ENERGY INDUSTRIES ALLIANCE
6605 E. Evening Glow Drive
Scottsdale, Arizona 85262

2. Article Number

7180 5335 1300 0000 3168

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 *E-00000A-02-0051* **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 3168

ADDRESSEE LABEL

Robert Annan
ARIZONA CLEAN ENERGY INDUSTRIES ALLIANCE
6605 E. Evening Glow Drive
Scottsdale, Arizona 85262

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1 2 3 4 5 6 7 — A B C D E F G

DIRECTION OF FEED

7180 5335 1300 0000 3182

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	
	RESTRICTED DELIVERY FEE	~~$ 0.00~~	
	CERTIFIED FEE	~~$ 2.10~~	
	RETURN RECEIPT FEE	~~$ 1.50~~	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Robert Baltes
ARIZONA COGENERATION ASSOC.
7250 N. 16th Street, Suite 102
Phoenix, Arizona 85020-5270

PS FORM 3800 *E-00000A-02-0051*

UNITED STATES POSTAL SERVICE

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Fold at line over top of envelope to the right of the return address

UNITED STATES POSTAL SERVICE®

7180 5335 1300 0000 3182

CERTIFIED MAIL

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.
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- 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:

Robert Baltes
ARIZONA COGENERATION ASSOC.
7250 N. 16th Street, Suite 102
Phoenix, Arizona 85020-5270

2. Article Number

7180 5335 1300 0000 3182

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 *E-00000A-02-0051*

DOMESTIC RETURN RECEIPT

7180 5335 1300 0000 3182

ADDRESSEE LABEL

Robert Baltes
ARIZONA COGENERATION ASSOC.
7250 N. 16th Street, Suite 102
Phoenix, Arizona 85020-5270

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PEEL OFF THIS STRIP TO EXPOSE ADHESIVE AFFIX TO ENVELOPE OR PACKAGE WITH THIS SIDE DOWN.

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