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|---|-------------------------|---------|-------------|
| RETURN RECEIPT SERVICE | POSTAGE | \$ 0.37 | POSTMARK OR |
| | RESTRICTED DELIVERY FEE | \$ 0.00 | |
| | CERTIFIED FEE | \$ 2.30 | |
| | RETURN RECEIPT FEE | \$ 1.75 | |
| | TOTAL POSTAGE AND FEE | \$ 4.42 | |
| SENT TO: | | | |
| Arizona Reporting Service, Inc. 2627 N. Third Street, Suite Three Phoenix, Arizona 85004-1104 | | | |
| | | | |

25000 0000 0010 2444 0012

PS FORM 3800 W-04154A-02-0848



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

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 envelope, or on the back if space does not permit.
- Write "Return Receipt Requested" on the envelope below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. Article Addressed to:
Arizona Reporting Service, Inc.
2627 N. Third Street, Suite Three
Phoenix, Arizona 85004-1104

2. Article Number:
DOCKETED
7100 4442 0100 0000 0052

3. Service Type: CERTIFIED

Received By: (Print Name)
Marena HERRER 8-14-03

Signature (Address or Agent)
Marena HERRER

Date of Delivery
8/15/03

Enter delivery address if different than item 1.

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

RECEIVED

AUG 18 2003
Arizona Corporation Commission
4200 W. Washington
Phoenix, AZ 85007

ARIZONA REPORTING SERVICE, INC.
Court Reporting & Consulting Services

2003 AUG 18 P 12:23

RECEIVED 516

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

DOCUMENT CONTROL