



0000071199

- 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.

1. Article Addressed to:  
**Donald L. Levine**

**511 East Mariposa, Apt. 7**  
**Phoenix, AZ 85012**

**AZ CORPORATION COMMISSION**  
**POSTAL CONTROL**

2. 7188 4442 0100 0000 2672

I also wish to receive the following service (for an extra fee):  
 **Restricted Delivery**  
Consult postmaster for fee.

3. Service Type  **CERTIFIED**

Date of Delivery  
Enter delivery address if different than item 1.

Received By: (Print Name)

Signature - (Addressee or Agent)

S-03427A-02-0000

PS Form 3811

**DOMESTIC RETURN RECEIPT**

51R

7188 4442 0100 0000 2672

REORDER FROM LASER SUBSTRATES INC 800-538-4900

**Donald L. Levine**  
**511 East Mariposa, Apt. 7**  
**Phoenix, AZ 85012**

**CERTIFIED MAIL**

7188 4442 0100 0000 2672

SECURITIES DIVISION

KCD

DIVISION:

**ARIZONA CORPORATION COMMISSION**  
1200 W WASHINGTON  
PHOENIX, ARIZONA 85007



U.S. POSTAGE

PHOENIX, AZ 85012

PHOENIX, AZ 85012

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PHOENIX, AZ 85012