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:

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.

ignature - (Addressee or Agent)

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

RECEIVED

2002 APR 15 A 10:50

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DOCUMENT CONTROL

Arizona Corp. Commission
Docket Control
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UNITED STATES POSTAL SERVICE

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