

**ARIZONA CORPORATION COMMISSION**  
1200 W. Washington - High Div/Docket  
Phoenix, Arizona 85007-2996



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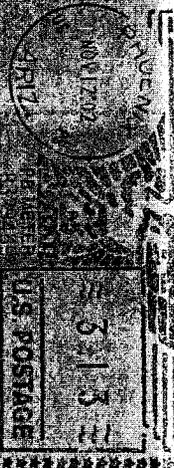
7180 4442 0100 0000 0270

**CERTIFIED MAIL**



**FOR POSTAGE FEES**  
**SENDER:**  
Remove Label, Affix  
Postage, and Remail

Mark P. tincher  
1300 SW Fifth Avenue Suite 2300  
Portland, Oregon 97201



*with receipt  
on back*

**RESTRICTED DELIVERY**

- 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:

**Mark P. trinchero**  
**1300 SW Fifth Avenue Suite 2300**  
**Portland, Oregon 97201**

2. Article Number

11

71180 4442 0100 0000 0270

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 **RT-00000F-02-0271 / T-00000A-95 DOMESTIC RETURN RECEIPT**

0220 0000 0010 2444 0912

REORDER FROM LASER SUBSTRATES INC 800-538-4900