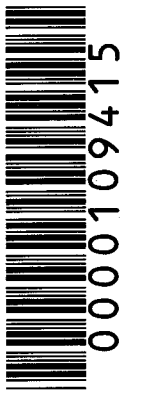
ARIZONA CORPORATION COMMISSION
1200 W. Washington - Hrg. Div./Docket
Phoenix, Arizona 85007-2996



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CERTIFIED MAIL

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AZ CORP COMMISSION
DOCUMENT CONTROL

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Joan Burke
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Suite 1200
Phoenix, AZ 85004

RT. # ___ UNIT ___ DATE ___
VACANT ___ REFUSED ___
ATTEMPTED NOT KNOWN X
INSUFFICIENT ADDRESS ___
NO SUCH STREET ___ # ___
APT ___ BP ___ STE ___
FORWARDING ORDER EXPIRED ___
MOVED LEFT NO ADDRESS ___

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.

RESTRICTED DELIVERY

1. Article Addressed to:

Joan Burke
2929 N. Central Avenue
Suite 1200
Phoenix, AZ 85004

2. Article Number

7180 4442 0100 0000 0195

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

X

Signature - (Addressee or Agent)

X

Enter delivery address if different than item 1.

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