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:

Curtis J. Billups
51089 West Papago Road
Maricopa, Arizona 85239

2. Article Number

[redacted]

7180 5335 1300 0000 5773

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 ***S-03467A-01-0000*** **DOMESTIC RETURN RECEIPT**

7180 5335 1300 0000 5773

00001167 95

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

7180 5335 1300 0000 5773

CERTIFIED MAIL

PHOENIX
JUL 19 '02
US PS
ARIZ.

5.11
U.S. POSTAGE
PB METER
8329489

RETURNED TO SENDER

MOVED, LEFT NO ADDRESS
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
ATTEMPTED - NOT KNOWN
UNCLAIMED / REFUSED
NO SUCH STREET - NUMBER
DO NOT REMAIL IN THIS ENVELOPE
INSUFFICIENT ADDRESS
NO MAIL RECEPTACLE
BOX CLOSED NO ORDER

MOVED, LEFT NO ADDRESS
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
ATTEMPTED - NOT KNOWN
UNCLAIMED / REFUSED
NO SUCH STREET - NUMBER
DO NOT REMAIL IN THIS ENVELOPE
INSUFFICIENT ADDRESS
NO MAIL RECEPTACLE
BOX CLOSED NO ORDER

Curtis J. Billups
51089 West Papago Road
Maricopa, Arizona 85239

Name SLB
1st Notice 7-20
Notice 7-26
8-4