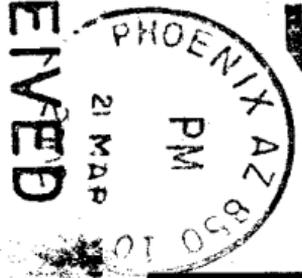


UNITED STATES POSTAL SERVICE



0000139305

RECEIVED



1997 MAR 22 A 11: 29



Arizona Corp. Commission
Docket Control/CONTROL
1200 W Washington St
85007-2996

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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:

Barbara R. Goldberg
OFFICE OF THE CITY ATTORNEY
3939 Civic Center Blvd.
Scottsdale, Arizona 85251

2. Article Number



7180 5335 1300 0000 2253

3. Service Type **CERTIFIED**

Date of Delivery

3-21-02

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

[Handwritten signature]