



0000153588

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

STATE OF ARIZONA) DOCKET NO. S-20823A-11-0407
County of Maricopa) AFFIDAVIT OF SERVICE

ORIGINAL

I, Annalisa Weiss, for the Securities Division of the Arizona Corporation Commission, hereby certify that on the 23rd day of May, 2014 at 11:06, I served a copy of: **THIRD AMENDED NOTICE OF OPPORTUNITY FOR HEARING REGARDING PROPOSED ORDER TO CEASE AND DESIST, ORDER FOR RESTITUTION, ORDER FOR ADMINISTRATIVE PENALTIES, ORDER OF REVOCATION, AND ORDER FOR OTHER AFFIRMATIVE ACTION**, upon Timothy Moran at 6720 N. Scottsdale Rd., Suite 350, Scottsdale, Arizona, 85253, via certified mail.



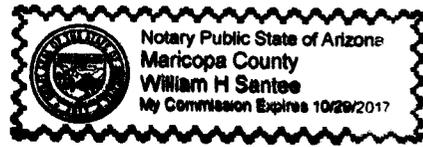
AFFIANT

05/28/2014
DATE

SUBSCRIBED AND SWORN TO BEFORE me this 28th day of MAY, 2014.



NOTARY PUBLIC



RECORDED
AZ CORP COM
DOCKET COM
2014 MAY 28 PM 1 38

Arizona Corporation Commission
DOCKETED
MAY 28 2014

DOCKETED BY 

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>MT</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Timothy Moran Private Client Tax & Consulting 6720 N Scottsdale Rd. Suite 350 Scottsdale, AZ 85253</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 2030 0002 1459 9392</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7002 2030 0002 1459 9392

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr> <td>Postage</td> <td>\$ _____</td> </tr> <tr> <td>Certified Fee</td> <td>_____</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td>_____</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td>_____</td> </tr> <tr> <td>Total Postage</td> <td>_____</td> </tr> </table>	Postage	\$ _____	Certified Fee	_____	Return Receipt Fee (Endorsement Required)	_____	Restricted Delivery Fee (Endorsement Required)	_____	Total Postage	_____	<p style="text-align: center;">Postmark Here</p>
Postage	\$ _____										
Certified Fee	_____										
Return Receipt Fee (Endorsement Required)	_____										
Restricted Delivery Fee (Endorsement Required)	_____										
Total Postage	_____										
<p>Sent To _____</p> <p>Street, Apt. No. or PO Box No. _____</p> <p>City, State, Zip _____</p>	<p style="text-align: center;">Timothy Moran Private Client Tax & Consulting 6720 N Scottsdale Rd. Suite 350 Scottsdale, AZ 85253</p>										
<p>PS Form 3800, June 2002 See Reverse for Instructions</p>											