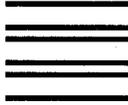


UNITED STATES POSTAL SERVICE



0000170494

PM 111



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

:: Please print your name, address, and ZIP+4® in this box *

Arizona Corporation Commission

Docket Control Commission 500 V 02 AM 9107

Arizona Corporation Commission
1000 Washington St
Phoenix, AZ 85007

RECEIVED

MAY 20 2016

DOCKETED BY
[Signature]

SENDER: COMPLETE THIS SECTION

■ **Do not write on the back of this mailpiece or on the front if space permits.**

1. Article Addressed to:

Thomas Irvine
ASU ALUMNI L^{TD} GROUP
Two North Central Avenue, Suite 1800
Phoenix, AZ 85004
5/3/2016 12:03 PM

2. Article Number (Transfer from service label)

File: S-20774A-10-0494

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION

A. Signature

X [Signature]

Agent
 Addressee

B. Received by (Printed Name)

Suzanne Saker

C. Date of Delivery

5.6.16

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Return Receipt for Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt