

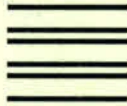
UNITED STATES POSTAL SERVICE

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AZ CORP CONTROL

Arizona Corporation Commission
Docket Control
1200 W Washington St
Phoenix, AZ 85007

JAN - 4 2019

DOCKETED

Arizona Corporation Commission



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that it can be read by the addressee.
- Attach to the reverse of the envelope if possible.



1. Article Addressed to:

Norman Rask
P.O. Box 387
Camp Verde, AZ 86322
12/21/2013 12:13 PM

2. Article Number Transferred from service (18-02222)
File # W-01557A-18-02222

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Tim Hardy* C. Date of Delivery *11/2/19*

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

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"/> 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