

IN THE  
**Court of Appeals**

STATE OF ARIZONA  
DIVISION ONE

1 CA-CV 15-0744

**RETURN RECEIPT FOR  
NOTICE OF ORAL ARGUMENT**

**NOTICE: PLEASE INDICATE WHO WILL BE ARGUING FOR THE FIRM, IF KNOWN, OR NAME OF PERSON ACKNOWLEDGING RECEIPT OF NOTICE OF ORAL ARGUMENT, IF NOT KNOWN WHO WILL APPEAR AT THIS TIME.**

**\*THE RETURN RECEIPT IS TO BE FILED WITH THE CLERK'S OFFICE AT LEAST ONE WEEK PRIOR TO YOUR ORAL ARGUMENT DATE\***

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**Date Received:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

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The above entitled cause has been set for oral argument before the Court of Appeals  
State of Arizona, Division One, Department D. This cause will be heard in COURTROOM 2, 2nd  
Floor, 1501 W. Washington, Phoenix, Arizona, on September 14, 2016 at the hour of 10:15 AM.  
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