

IN THE
Court of Appeals
STATE OF ARIZONA
DIVISION ONE

ROBERT R. HAWK and CECILIA J.) Court of Appeals
HAWK, husband and wife,) Division One
) No. 1 CA-CV 12-0362
Plaintiffs/CounterDefendants/)
) Appellees,)
) Coconino County
) Superior Court
) No. S0300CV201100775
v.)
PC VILLAGE ASSOCIATION, INC., an)
Arizona corporation,)
)
Defendant/CounterPlaintiff/)
) Appellant.)
_____)

NOTICE OF ORAL ARGUMENT

The above entitled cause has been set for oral argument before the Court of Appeals State of Arizona, Division One, Department A. This cause will be heard in COURTROOM 1, 2nd Floor, 1501 W. Washington, Phoenix, Arizona, on March 19, 2013 at the hour of 10:15 AM.

Arguing Time: Twenty (20) minutes per side.
Persons with disabilities who plan to attend this hearing and who may need auxiliary aids or services such as interpreters for persons who are deaf or hearing impaired, readers, large print or braille, are requested to contact Clerk of the Court at 602-542-4821 (voice phone) as soon as you know you plan to attend the hearing so that appropriate arrangements can be made.

REPLY IS REQUESTED. Included with is this notice is a Return Receipt form. The Court requests that you acknowledge receipt on this form and return it to the Clerk of the Court of this Division. Please advise of any change in name of firm or address.

RUTH WILLINGHAM, CLERK

By _____
Deputy Clerk

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ORDER

1 CA-CV 12-0362

A true copy of the foregoing
was mailed February 8, 2013

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Ruth Willingham, Clerk

By _____
Deputy Clerk

IN THE
Court of Appeals
STATE OF ARIZONA
DIVISION ONE

1 CA-CV 12-0362

**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.

***PLEASE RETURN AT LEAST ONE WEEK PRIOR TO YOUR ORAL ARGUMENT**

DATE*

Tevis Reich
Tevis Reich Attorney at Law
6 East Dale Ave
Flagstaff, AZ 86001
Attorneys: Plaintiffs/CtrDefendant/sAppellees

Name: _____

Date Received: _____

Telephone Number: _____

E-Mail Address: _____

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Attorney: Defendant/CtrPlaintiff/Appellant

Name: _____

Date Received: _____

Telephone Number: _____

E-Mail Address: _____

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