

IN THE  
**Court of Appeals**  
STATE OF ARIZONA  
DIVISION ONE

TIERRA RANCHOS HOMEOWNERS	)	Court of Appeals
ASSOCIATION, an Arizona	)	Division One
Corporation,	)	No. 1 CA-CV 06-0474
	)	
Plaintiff/Counter-Defendant/	)	
Appellant,	)	Maricopa County
	)	Superior Court
v.	)	No. CV 2005-008208
	)	
TODOR KITCHUKOV and MARIANA	)	
KITCHUKOV, husband and	)	
wife,	)	
	)	
Defendants/Counter-Claimants/	)	
Appellees,	)	
	)	

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**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 D. This cause will be heard in COURTROOM 1, 2nd Floor, 1501 W. Washington, Phoenix, Arizona, on May 30, 2007 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.

PHILIP G. URRY, CLERK

By \_\_\_\_\_  
Deputy Clerk



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ORDER

1 CA-CV 06-0474

A true copy of the foregoing  
was mailed April 20, 2007, to:

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30 W First St  
Mesa, AZ 85201-6695  
Attorney for Appellees

Philip G. Urry, Clerk

By \_\_\_\_\_  
Deputy Clerk

IN THE  
**Court of Appeals**  
STATE OF ARIZONA  
DIVISION ONE

1 CA-CV 06-0474

**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\***

James E Brown  
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Suite 145  
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Co Counsel for Appellant

**Name:**

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**Date Received:**

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**Name:**

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**Date Received:**

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1 CA-CV 06-0474

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Attorney for Appellees

**Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

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