Arizona Form 833

Application for Bingo License

- Type or print in black ink and complete all information requested on this form. If you do not, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.
- All bingo licenses expire one year from the date of issue. To continue conducting bingo games, you must renew your license prior to the expiration date.

	to the expiration date.							
i /	Applicant's Name				Fi	alsificatio	n of	information
	Sun Air Estates HOA				co	ontained	in thi	sapplication
	Mailing Address					onstitutes	a Clas	s 6 felony.
	PO Box 21		State	ZIP Code	1 1	The state of the	the stage of	T MARK IN THIS AREA.
				85345	88	.,		
a A	Peoria Administrative Office Location		<u> </u>	00040				
	600 N 97th Ave							
	City		State	ZIP Code		•		
P	Peoria			85345				
a N	lame of Contact Person		4b Teleph		[]			
P	atricia Zaragoza		(623) 41 4c Fax N	12-9498	81 P	M		80 RCVD
	-mail Address		(623) 87		811 '	***		80
р	zkeno@gmail.com		[(023) 0)	0-3201				
5	Class B and Class C licerorganization: Charitable Fraternal	nse applicants only ☐ Social ☐ Volunteer Fire D		Religious		□ v	eterans	ate the type of
A	Class B and Class C licer	nse applicants only	applying as a	a qualified org	anization. <i>provi</i> e	de parent oi	r auxiliary	information:
U	6a Parent Name	ise approants only	appiying as t	6b Auxilia				
	oa i aiciti tailic				,			
	Address - Number and Street	i, Rural Rt., Apt. No.		Address -	Number and Stre	eet, Rural Rt.	, Apt. No.	
	City	State ZI	P Code	City			State	ZIP Code
	Class B and Class C licer established in Arizona: Lass B and Class C licer		I					
	Title			Title				
	Address - Number and Street	, Rural Rt., Apt. No.		Address	Number and Stre	et, Rural Rt.	Apt. No.	
	City	State ZII	² Code	City			State	ZIP Code
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	230.0						
	8c Name			8d Name				
	Title			Tille				
	Address – Number and Street,	Rural Rt., Apt. No.		Address –	Number and Stre	et, Rural Rt.,	Apt. No.	
	City	State ZIF	Code Code	City			State	ZIP Code
-				1	****	<u>.</u> , ,	Con	tinued on page 2 →
		REVENUE I	SE ONLY DO	NOT MARK IN	THIS AREA.	1971 K.		
7		isapproved		A License	Class B			ss C License
	ewer's Name (please print)	Date	License Num		Effective Date		Expiratio	n Date
J Y 1€	onor a reasta (praesa brind							

un	cant's Name (as shown on page 1)				A D.D. 10.4	TION EC	R BINGO LICEN
un	Air Estates HOA				APPLIOA	TIONTC	N BINGO CIOCI
9	Class B and Class C license app	licants o	nly: Bingo <u>chec</u>	king account informa	ation: Bank Branch		
	,						
	Class B and Class C license app	licants o	nly: Ringo inter	est-hearing account i	information:		_
10	Account Number	Bank Na	ime		Bank Branch		
						·	
	Class B and Class C license app	licante o	nlv: List all offic	cers and/or supervi	sors authorized to	sign che	cks from the acco
11	listed above. If applying as a quali	fied organ	ization, all supe	rvisors must be me	embers of the appli	cant:	
	11a Name			11b Name			
				Title			
	Title						
	Address Number and Street, Rural R	t., Apt. No.		Address - Numb	er and Street, Rural F	Rt., Apt. No).
		Dista	ZIP Code	City		State	ZIP Code
	City	State	ZIP Code	Oity			
	Title Vice President, SAE HOA Address – Number and Street, Rural R	t., Apt. No.		SAE Member Address – Numb	er and Street, Rural F	Rt., Apt. No	
	City	State	ZIP Code	City		State	ZIP Code
~	I ist the name of the one person de	signated	as proceeds coo	ordinator. If applying	as a qualified orga	osta o <u>j ospeso te</u> s	
3	List the name of the one person de an officer or director <u>and</u> a mem	signated	as proceeds coo	ordinator. If applying	as a qualified orga it an affidavit. er and Street, Rural F	nization,	this person must
3	List the name of the one person de an officer or director <u>and</u> a meml Name	signated	as proceeds coo	ordinator. If applying in person must submi	t an attidavit.	nization, Rt., Apt. No	this person must
3	List the name of the one person de an officer or director <u>and</u> a mem Name <u>Patricia Zaragoza</u> Title	signated	as proceeds coo	ordinator. If applying in person must submi Address – Numbo 9666 W Moun City	t <i>an affidavit.</i> er and Street, Rural F	nization, Rt., Apt. No State	this person must
3	List the name of the one person de an officer or director <u>and</u> a meml Name <u>Patricia Zaragoza</u> Title Vice President, SAE HOA	signated per of the	as proceeds coc applicant. <i>Eacl</i>	ordinator. If applying in person must submi Address – Numbi 9666 W Moun City Peoria,	t an affidavit. er and Street, Rural F utain View Rd B	nization, Rt., Apt. No State AZ	this person must o. ZIP Code 85345
3 4	List the name of the one person de an officer or director <u>and</u> a member Name Patricia Zaragoza Title Vice President, SAE HOA	signated ber of the	as proceeds coc applicant. <i>Eacl</i>	ordinator. If applying a person must submit Address – Number 9666 W Moun City Peoria, or. If applying as a quavit.	t an affidavit. er and Street, Rural F utain View Rd B	nization, Rt., Apt. No State AZ	this person must o. ZIP Code 85345
3 4 4	List the name of the one person de an officer or director and a member of the person de an officer or director and a member of the applicant. Each person the person of the person of the person of the applicant.	signated ber of the	as proceeds coc applicant. <i>Eacl</i>	ordinator. If applying in person must submited Address – Number 9666 W Mound City Peoria, or. If applying as a quavit.	t an affidavit. er and Street, Rural F tain View Rd B ualified organization	nization, Rt., Apt. No State AZ	this person must o. ZIP Code 85345
3	List the name of the one person de an officer or director <u>and</u> a member and a member of the person de an officer or director <u>and</u> a member of the applicant. Each person the person of the person of the person of the applicant.	signated ber of the	as proceeds coc applicant. <i>Eacl</i>	ordinator. If applying a person must submit Address – Number 9666 W Moun City Peoria, or. If applying as a quavit.	t an affidavit. er and Street, Rural F tain View Rd B ualified organization	nization, Rt., Apt. No State AZ	this person must o. ZIP Code 85345
3	List the name of the one person de an officer or director and a member of the person de an officer or director and a member of the person of the person of the applicant. Each person of the applicant. Each person of the person of the applicant. Each person of the applicant of the person of the applicant. Each person of the applicant of the person of the applicant.	signated ber of the ho will se	as proceeds cod applicant. Each rve as superviso I submit an affid	ordinator. If applying a person must submit address – Number 9666 W Moun City Peoria, or. If applying as a quavit. 14b Name Jacqueline Catrille Member of SA	t an afficient. er and Street, Rural F stain View Rd B ualified organization ameron	nization, Rt., Apt. No State AZ n, each p	this person must ZIP Code 85345 erson must be a
3	List the name of the one person de an officer or director <u>and</u> a member and a member of the person de an officer or director <u>and</u> a member of the applicant. Each person the person of the person of the person of the applicant.	signated ber of the ho will se	as proceeds cod applicant. Each rve as superviso I submit an affid	ordinator. If applying a person must submit address – Number 9666 W Moun City Peoria, or. If applying as a quavit. 14b Name Jacqueline Catrille Member of SA	t an afficiavit. er and Street, Rural F stain View Rd B ualified organization	nization, Rt., Apt. No State AZ n, each p	this person must ZIP Code 85345 erson must be a
3	List the name of the one person de an officer or director and a member and a member of the person de an officer or director and a member of the applicant. Each person and a member of a member of the applicant. Each person and a member of a member of the applicant. Each person a member of the applicant and the applicant a member of the applicant a memb	signated ber of the ho will ser rson mus	as proceeds coc applicant. Each	ordinator. If applying in person must submit and person must submit 9666 W Moun City Peoria, or. If applying as a quavit. 14b Name Jacqueline Ca Title Member of SA Address – Numbit	t an afficient. er and Street, Rural F stain View Rd B ualified organization ameron	nization, Rt., Apt. No State AZ n, each p	this person must ZIP Code 85345 erson must be a
3	List the name of the one person de an officer or director and a member of the person de an officer or director and a member of the person of the person of the applicant. Each person of the applicant. Each person of the person of the applicant. Each person of the applicant of the person of the applicant. Each person of the applicant of the person of the applicant.	signated ber of the ho will se	as proceeds cod applicant. Each rve as superviso I submit an affid	ordinator. If applying a person must submit address – Number 9666 W Moun City Peoria, or. If applying as a quavit. 14b Name Jacqueline Catrille Member of SA	t an afficient. er and Street, Rural F stain View Rd B ualified organization ameron	nization, Rt., Apt. No State AZ n, each p	this person must ZIP Code 85345 erson must be a
3	List the name of the one person de an officer or director and a member and a member of the person de an officer or director and a member of the applicant. Each person and a member of a member of the applicant. Each person and a member of a member of the applicant. Each person a member of the applicant and the applicant a member of the applicant a memb	signated ber of the ho will ser rson mus	as proceeds coc applicant. Each	ordinator. If applying in person must submit and person must submit 9666 W Moun City Peoria, or. If applying as a quavit. 14b Name Jacqueline Ca Title Member of SA Address – Numbit	t an afficient. er and Street, Rural F stain View Rd B ualified organization ameron	nization, Rt., Apt. No State AZ n, each p	this person must ZIP Code 85345 erson must be a

City

Address - Number and Street, Rural Rt., Apt. No.

State

ZIP Code

City

Address - Number and Street, Rural Rt., Apt. No.

ZIP Code

State

Applic	eant's	Name (as show	vn on page 1)										
Sun /	Air E	states HOA				A	PPLICATION FO	R BINGO LICENSE					
			the person(s) who we tember of the application										
-		Vame	11			15b Name							
		icia Zaragoz	a			Jacqueline Cameron							
	15c h	Name			15d Nan	15d Name							
	15e N	lame			15f Nan	ie							
,	15g N	lame			15h Nan	00		AAAA					
			ne physical location w , Peoria, AZ. 8534		pe played:								
17 <u> r</u>	ndica		each respective day			T							
-		SUN	MON	TUE	WED	THUR	FRI	SAT					
		□a.m. □p.m.	□a.m. □p.m.	☐a.m. p.m.	⊠a,m. 	□ a.m. □ □ p.m.	a.m □p.m						
18 Li	ist da	ites of propos	ed game cancellation one daytime Wed	n if any: I Bingo at 12:3	n (1st Wed) & o	ne evenina Rinaa	Wed at 6PM (3	rd Wed) per mo					
<u></u>			premises where bing										
а	×	Neither rent	nor mortgage will be	paid from bingo	Tunas.								
b		Rented or lea	ased. Attach rental a	iffidavit and copy	/ of rental agreèm	ent.							
		Landlord's Na	ime		Address	s - Number and Stree	et, Rural Rt., Apt. No						
:		Telephone Nu	mber (with area code)		City		State	ZIP Code					
С			by the organization.	. Attach <u>copy</u> of	mortgage, deed o	of trust, purchase a	greement, escrow	agreement, or					
		other related Holder of Mort			Address	- Number and Stree	t. Rural Rt. Apt. No	. 1					
		Tiolder of the	gugo			Transportation of the							
		Telephone Nu	mber (with area code)		City		Slate	ZIP Code					
d		Owned jointly	with other organizal	ion. <i>Attach <u>cop</u>y</i>	∠ of mortgage, de	ed of trust, purchas	e agreement, esc	row agreement, or					
		other related											
		1) Holder of M	lortgage		Address	 Number and Stree 	t, Rurai Rt., Apt. No.	,					
		Telephone Nur	mber (with area code)		City	City State ZIP Code							
ė		2) Co-Owner I	-folder:		Address	 Number and Stree 	t, Rural Rt., Apt. No.						
		Telephone Nur	nber (with area code)		City		State	ZIP Code					
	-	3) Co-Owner H	folder:		Address	- Number and Street	, Rural Rt., Apt. No.						
		Telephone Nun	nber (with area code)		City		State	ZIP Code					

Continued on page 4 ->

Appl	icant's Name (as shown on page 1)	1.	Control of the second of the second
<u>Sun</u>	Air Estates HOA		APPLICATION FOR BINGO LICENS
20	List bingo licensees who are or will be conducting bingo in feet of your premises:	the same premises as you and	d those licensees located within 1,000
	20a Name	20b Name	
	N/A		
	Address - Number and Street, Rural Rt., Apt. No.	Address – Number and St	reel, Rural Rt., Apt. No.
	City State ZIP Code	City	State ZIP Code
21	Expected bingo expenses:		
į	a Mortgage: \$.0.00, per month		
	Payable to	Address – Number and S	Street, Rural Rt., Apt. No.
	Telephone number (with area code)	City	State ZIP Code
ŧ	o Rent: \$ <u>,0.00</u> , per ☐ mon	h ☐ hour ☐ occasion	
	Payable to	Address - Number and S	treet, Rural Rt., Apt. No.
	Telephone number (with area code)	City	State ZIP Code
С	Janitorial Services: \$.0.00 per mont	hour occasion Address – Number and S	reet, Rural Rt., Apt. No.
	Telephone number (with area code)	City	State ZIP Code
d	Accounting Services: \$0.00 per month	│	reet, Rural Rt., Apt. No.
	Telephone number (with area code)	City	State ZIP Code
е	Security Services: \$.0.00 per month	hour cocasion Address – Number and Str	eet, Rural Rt., Apt. No.
	Telephone number (with area code)	City	State ZIP Code
f	Bingo Supplies: \$.0.00 , per		
	Payable to	Address – Number and Stre	eet, Rural Rt., Apt. No.
	Telephone number (with area code)	City	State ZIP Code
			The state of the s

Line 21 continues on page 5 →

meal	nt's Name (as shown on page 1)								
n Ai	ir Estates HOA			APPLICATION FOR BINGO LIC						
Ε,	vacated Bines Every									
EX	xpected Bingo Expenses, co	ntinued								
g	Maximum prize payout per	occasion: \$	Attach game schedule that lists individual prize amounts.							
	Paid to		Address – Number and Street, Rural Rt., Apt. No.							
	Telephone number (with area	code)	City	State 7/DO. I						
			Jony	State ZIP Code						
				700						
h	Utility Expenses:									
	Electric (payable to)		Address – Number a	nd Street, Rural Rt., Apt. No.						
	Account Number	Monthly Amount	City	Chi. ZID O						
		\$0.00	Oity	State ZIP Code						
	Gas (payable to)									
	Cas (payable (b)		Address – Number ar	nd Street, Rural Rt., Apt. No.						
	Account Number	Monthly Amount	City	State ZIP Code						
ĺ		\$0.00								
ſ	Water (payable to)		Address - Number an	d Street, Rural Rt., Apt. No.						
			, idniber an	a olloog Natal No., Apr. 140,						
ľ	Account Number	Monthly Amount \$0.00	City	State ZIP Code						
L		<u> </u> [φυ.υυ								
ſ	Trash Removal (payable to)	· · · · · · · · · · · · · · · · · · ·	Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code							
7	Account Number	Monthly Amount								
L		\$0.00		State ZIP Code						
nter	ly state the specific projected and of SAE Residents 6	entertainment only, no pro	games of bingo: ofits will be received.							
.ny	monies taken in will be pa	aid								
)a.	TRIVIN / To	2 under nenalty	of neriury and upon oath	dealars that I am duly out in I						
le tl	his application. I hereby swe	ear of contain that I have re	ad the foregoing application	declare that I am duly authorized to si n and know the contents thereof and the						
	nation provided has been ful	ly, accurately, and truthfully	completed to the best of n	ny knowledge.						
om										
om		1/2/	18 Mice hes	HOR Board of Deres						
orn		DATE DATE	TITLE	- U						

ADOR 10334 (1/14) Previous 71-1010 (4/06)

plicant's Name (as shown on pa	age 1)									
n Air Estates HOA			APPLICATION FO	R BINICO LIOEN						
E			7. TEIOATION TO	K BINGO LICEN						
Expected Bingo Expenses	s, continued									
g Maximum prize payoul	t per occasion: \$,	. Attach gama schodulo	that lists individual auto-							
Paid to		Attach game schedule that lists individual prize a Address – Number and Street, Rural Rt., Apt. No.								
Talanhan			2	<i>.</i>						
Telephone number (with	area code)	City	State	ZIP Code						
h Utility Expenses:										
Electric (payable to)		Addross Number	-10/ 10 15							
		Address – Number ar	nd Street, Rural Rt., Apt. No	•						
Account Number	Monthly Amount	City	State	ZIP Code						
	\$									
Gas (payable to)		Addrona Number	101 15 15							
		Address - Millipet St	d Street, Rural Rt., Apt. No.							
Account Number	Monthly Amount	City	State	ZIP Code						
	\$									
Water (payable to)		Addrson North	100	-						
		Address – Number and Street, Rural Rt., Apt. No.								
Account Number	Monthly Amount	City	State	ZIP Code						
	\$									
Trash Removal (payable to	}	Address No. 1								
	,	Address - Number and	Street, Rural Rt., Apt. No.							
Account Number	Monthly Amount	City	State	ZIP Code						
	\$		O.U.O	211 0000						
iefly state the specific proje Il monies taken in will be	ected use of net proceeds from gam given out as game winnings. N	es of bingo: lo income will be recei	ived from these game:	S.						
			<u></u>							
ACQUELINE 1	1. CHMEKM, under penalty of	perjury and upon oath, d	eclare that I am duly an	horized to sign						
e analabhmeanon, I ticlenk	A. CAMELM, under penalty of passes or confirm that I have read to	he torogaina application	and horses at a con-	horized to sign hereof and that						
e analabhmeanon, i ticiéna	A. CAMELM, under penalty of p swear or confirm that I have read to fully, accurately, and truthfully con	he torogaina application	and horses at a con-	horized to sign hereof and that						
e analabhmeanon, i ticiéna	SYVALOLUBHEN INSET NAVE read t	he torogaina application	and horses at a con-	horized to sign hereof and that						
e analabhmeanon, i ticiéna	fully, accurately, and truthfully con	ne foregoing application inpleted to the best of m	and know the contents of the knowledge.	hereof and that						
o molaphication, I ficient	fully, accurately, and truthfully con	he torogaina application	and know the contents of the knowledge.	hereof and that						

2 (602) 716-7801

22

			C						

Affidavit

Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

		pursuant to Anzona Reviseu Statutes 9 2-404,
Licensee's Name		License Number
Sun Air Estates		
Position (check the appropriate boxes):		
Manager D Supervisor D Pro	oceed Coordinator	REVENUE USE ONLY. DO NOT MARK IN THIS AREA
Affiant's Name		[88]
]
Patricia Zaragoza Social Security Number	Date of Ridh	
Social Security Number	II iste of Righ	
Address		
Address		
	State ZIP Code	
	TZIP COUR	
Home Phone No. (with area code)	TYOIX Phone No. (with area code)	B1 PM 80 RCVD
,	(623) 363-3863	
	<u> </u>	
If licensee is a qualified organizat	tion, complete the following section:	
Member?	Date Joined Organization	
☐ Yes ☐ No		
Officers?	Officer Title	
☐ Yes ☐ No		
Do you have an affidavit on file for any ot		
Yes No If "Yes", list licen	se number(s):	
I, <u>Patricia Zaragoza</u>	the above-named aff	Tant, under penalty of perjury, upon oath, depose
AFFIANT'S NAM		
and say that I will conduct or assis	it in conducting all bingo games in complian	ce with the terms of the license, Arizona Revised
Statutes, Title 5, Chapter 4, and the	rules of the licensing authority. I am of good	moral character and have never been convicted of
		receive any reward, compensation or recompense
for my participation in the conduc	t of bingo games except as provided for by	law. I hereby swear or confirm that I have read
		ade herein are true and correct to the best of my
knowledge.	•	and more and the and correct to the ocal of my
knowledge.		
	Signature of Affiant	7) 0
	<u>.</u>	
	4/16/	18
	Date	· <i>O</i>

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

2 (602) 716-7801

				k					

Affidavit

Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

Licensee's Name		License Numbe	2
ISUN AIR ES	TATES	License Munio	31
Position (check the appropriate boxes):	77703		
Manager ☐ Supervisor ☐ Proces	ed Coordinator	REVENUE USE	ONLY. DO NOT MARK IN THIS AREA.
		88	OHLI. DO NOT MARK IN THIS AREA.
Affiant's Name			
CACQUEUNE M	', CAMBRON		
Social Security Number			
Address			
City	S ZID Code		
H		81 PM	80 RCVD
	Work Phone No. (with area code)		
If licensee is a qualified organization	complete the following section:		
Member?	Date Joined Organization	·	
☐ Yes ☐ No	Date of the organization		
Officers?	Officer Title		
☐ Yes ☐ No		ł	
Do you have an affidavit on file for any other	licensee?		
Yes No If "Yes", list license in			

I, CACOUTLINE CRMERON, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Signature of Amant	
4-17-18 Date	

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

2 (602) 716-7801

Endorsement by Local Governing Body

Bingo

FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A

- License Applicants: Complete lines 2, 3, and 4. Submit with entire license package to local governing body.
- Local Governing Body: Complete and return with license package to the Department of Revenue Bingo Section.

٥	☐ New Application	n 🔲 Change	of Location	Date			License Nu	mber		
	rom (Name of local go			i			<u> </u>			
	ddress (number and s						REVENUE L	JSE ONLY. D	о пот	MARK IN THIS AREA.
c	ity		State		ZIP Code					
P	hone No. (with area cod	e)								
L	÷									
								*		
					1		81 PM		[8	RCVD
1	Chapter 4, in the ☐ Application fo	that on Least leading that on Least leading license by r a bingo license lo	the following a	applica		cted purs	uant to Ariz	zona Rev	ised :	Statute, Title 5,
2	Applicant's Nam									
2	Sun Air Estates I	HOA	he candusted:		City			State	7IP	Code
3	CANO N 9	s where games will	pe conducted:		City	11		AZ	85	345
				-			<i>0</i> , 15 0 20		-	
4		the days games w	TUE		WED	THU	ID di	FRI		SAT
	SUN					1110			,	
	☐a.m. ☐p.m.	□a.m. □p.m. _			⊠a,m. 		□a.m. □ □p.m. □]a.m.]p.m.	□a.m. □p.m.
					, EZ b.(11-)		71_1b.uu.		1 9.111.	
5	Background inves ☐ have ☐ ha	stigations: ve <u>not</u> been conduc	cted on all indiv	⁄iduals	listed in th	e Bingo L	icense App	olication.		
6	Recommendation	for the application	☐ Approved		Disapprove	ď				
7	Specific reasons	for disapproval are	hereby listed p	ursuai	nt to A.R.S.	§ 5-404.	1:			
	•	• •								
	Thi	s endorsement mus	t be signed by	a dele	egated auth	ority of th	e local gov	verning b	ody.	
	*****	o ongoroomon ma			-9	,	3		•	
PRI	NTED NAME									
SIG	NATURE		DATE	-	TITLE					

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019