

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

764622

OMB APPROVAL

OMB Number: 3235-0076

Expires: November 30, 2008

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer

Pinnacle West Capital Corporation

Jurisdiction of Incorporation/Organization

Arizona

Year of Incorporation/Organization (Select one)

- Over Five Years Ago
- Within Last Five Years (specify year)
- Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

400 North Fifth Street

City

Phoenix

State/Province/Country

Arizona

Street Address 2

ZIP/Postal Code

85004

Phone No.

(602) 250-1000

Item 3. Related Persons

Last Name

Basha, Jr.

First Name

Edward

Middle Name

N.

Street Address 1

400 North Fifth Street

City

Phoenix

State/Province/Country

Arizona

Street Address 2

ZIP/Postal Code

85004

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary)

PROCESSED

DEC 10 2008

THOMSON REUTERS

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
- Banking and Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
- Business Services
- Energy
 - Electric Utilities
 - Energy Conservation
 - Coal Mining
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Construction
- REITS & Finance
- Residential
- Other Real Estate
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing
- Real Estate
 - Commercial
- Retailing
- Restaurants
- Technology
 - Computers
 - Telecommunications
 - Other Technology
- Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
- Private Equity Fund
- Venture Capital Fund
- Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Other Banking & Financial Services



Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(6) | |
| | <input type="checkbox"/> Section 3(c)(7) | |

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: OR First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input checked="" type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe) |
-

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 250,000

Item 12. Sales Compensation

Recipient: Lehman Brothers Inc. Recipient CRD Number: 7506 No CRD Number

(Associated) Broker or Dealer: None (Associated) Broker or Dealer CRD Number: No CRD Number

Street Address 1: 745 Seventh Avenue, 4th Floor Street Address 2:

City: New York State/Province/Country: New York ZIP/Postal Code: 10019-6801

States of Solicitation All States
 AL AK AZ AR CA CO CT DE DC FL GA HI ID
 IL IN IA KS KY LA ME MD MA MI MN MS MO
 MT NE NV NH NJ NM NY NC ND OH OK OR PA
 RI SC SD TN TX UT VT VA WA WV WI WY PR

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ OR Indefinite
(b) Total Amount Sold \$ See "Clarification of Response" below.
(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ See "Clarification of Response" below. OR Indefinite

Clarification of Response (If Necessary)
This is a continuous offering commercial paper program consisting of short-term promissory notes of Pinnacle West Capital Corporation. The maximum amount of short-term notes of Pinnacle West Capital Corporation that are authorized to be outstanding at any one time under this program is \$250,000,000. There are no notes issued and outstanding as of the date of this notice.

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

Enter the total number of investors who already have invested in the offering:

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ See below. Estimate
Finders' Fees \$ Estimate

Clarification of Response (If Necessary)
Typically sales commissions of around 5 basis points are paid to dealers.

*The notes are offered on a continuous basis to or through the dealers either as agents for the issuer or as principals who then resell the notes to investors. Because this is a continuous offering, notes will be issued, repaid, and re-issued from time to time. Accordingly, it is not practicable for the issuer to determine the total number of investors who have purchased notes in the offering. There are no investors in the notes as of the date of this notice. Form D 3

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ See below.

Estimate

Clarification of Response (if Necessary)

Pinnacle West Capital Corporation will use the proceeds from this offering to meet working capital needs and to repay its indebtedness.

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Pinnacle West Capital Corporation

Name of Signer

Barbara M. Gomez

Signature

Barbara M. Gomez

Title

Vice President and Treasurer

Number of continuation pages attached:

8

Date

11/25/2008

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name		First Name		Middle Name
Clark-Johnson		Susan		
Street Address 1		Street Address 2		
400 North Fifth Street				
City	State/Province/Country	ZIP/Postal Code		
Phoenix	Arizona	85004		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

Last Name		First Name		Middle Name
Gallagher		Michael		L.
Street Address 1		Street Address 2		
400 North Fifth Street				
City	State/Province/Country	ZIP/Postal Code		
Phoenix	Arizona	85004		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

Last Name		First Name		Middle Name
Grant		Pamela		
Street Address 1		Street Address 2		
400 North Fifth Street				
City	State/Province/Country	ZIP/Postal Code		
Phoenix	Arizona	85004		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

Last Name		First Name		Middle Name
Herberger, Jr.		Roy		A.
Street Address 1		Street Address 2		
400 North Fifth Street				
City	State/Province/Country	ZIP/Postal Code		
Phoenix	Arizona	85004		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Jamieson, First Name: William, Middle Name: S.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Lopez, First Name: Humberto, Middle Name: S.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Munro, First Name: Kathryn, Middle Name: L.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Nordstrom, First Name: Bruce, Middle Name: J.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Parker, First Name: W., Middle Name: Douglas
Street Address 1: 400 North Fifth Street, Street Address 2: [Blank]
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): [Blank]

Last Name: Stewart, First Name: William, Middle Name: L.
Street Address 1: 400 North Fifth Street, Street Address 2: [Blank]
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): [Blank]

Last Name: Post, First Name: William, Middle Name: J.
Street Address 1: 400 North Fifth Street, Street Address 2: [Blank]
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): [Blank]

Last Name: Bennett, First Name: Jan, Middle Name: H.
Street Address 1: 400 North Fifth Street, Street Address 2: [Blank]
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): [Blank]

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Brandt	Donald	E.
Street Address 1	Street Address 2	
400 North Fifth Street		
City	State/Province/Country	ZIP/Postal Code
Phoenix	Arizona	85004
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Denman	John	R.
Street Address 1	Street Address 2	
400 North Fifth Street		
City	State/Province/Country	ZIP/Postal Code
Phoenix	Arizona	85004
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Edington	Randall	K.
Street Address 1	Street Address 2	
400 North Fifth Street		
City	State/Province/Country	ZIP/Postal Code
Phoenix	Arizona	85004
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Froggatt	Chris	N.
Street Address 1	Street Address 2	
400 North Fifth Street		
City	State/Province/Country	ZIP/Postal Code
Phoenix	Arizona	85004
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Gomez, First Name: Barbara, Middle Name: M.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Hatfield, First Name: James, Middle Name: R.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Loftin, First Name: Nancy, Middle Name: C.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Robinson, First Name: Donald, Middle Name: G.
Street Address 1: 400 North Fifth Street, Street Address 2:
City: Phoenix, State/Province/Country: Arizona, ZIP/Postal Code: 85004
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Sundberg	Lori	S.
Street Address 1	Street Address 2	
400 North Fifth Street		
City	State/Province/Country	ZIP/Postal Code
Phoenix	Arizona	85004
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Wheeler	Steven	M.
Street Address 1	Street Address 2	
400 North Fifth Street		
City	State/Province/Country	ZIP/Postal Code
Phoenix	Arizona	85004
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient

Merrill Lynch, Pierce, Fenner & Smith

(Associated) Broker or Dealer None

Street Address 1

4 World Financial Center, Floor 7

City

New York

State/Province/Country

New York

ZIP/Postal Code

10080

Recipient CRD Number

7691

No CRD Number

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 2

Attn: Jason Kist

States of Solicitation All States

- AL AK AZ AR CA CO CT DE DC FL GA HI ID
- IL IN IA KS KY LA ME MD MA MI MN MS MO
- MT NE NV NH NJ NM NY NC ND OH OK OR PA
- RI SC SD TN TX UT VT VA WA WV WI WY PR

Recipient

Goldman, Sachs & Co.

(Associated) Broker or Dealer None

Street Address 1

30 Hudson Street

City

Jersey City

State/Province/Country

New Jersey

ZIP/Postal Code

07302

Recipient CRD Number

361

No CRD Number

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 2

Attn: Ken Gumbs

States of Solicitation All States

- AL AK AZ AR CA CO CT DE DC FL GA HI ID
- IL IN IA KS KY LA ME MD MA MI MN MS MO
- MT NE NV NH NJ NM NY NC ND OH OK OR PA
- RI SC SD TN TX UT VT VA WA WV WI WY PR

Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient		Recipient CRD Number	
<input type="text" value="Credit Suisse First Boston Corporation"/>		<input type="text" value="B16"/>	<input type="checkbox"/> No CRD Number
(Associated) Broker or Dealer <input type="checkbox"/> None		(Associated) Broker or Dealer CRD Number	
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> No CRD Number
Street Address 1		Street Address 2	
<input type="text" value="11 Madison Avenue, 5th Floor"/>		<input type="text" value="Attn: Emily Laochua"/>	
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="New York"/>	<input type="text" value="New York"/>	<input type="text" value="10010"/>	

States of Solicitation All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

Recipient		Recipient CRD Number	
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> No CRD Number
(Associated) Broker or Dealer <input type="checkbox"/> None		(Associated) Broker or Dealer CRD Number	
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> No CRD Number
Street Address 1		Street Address 2	
<input type="text"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

States of Solicitation All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

(Copy and use additional copies of this page as necessary.)

END