

P05 7075320

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse) ACT/007/001

SENT TO		T. Whiteside Valley Camp	
STREET AND NO.			
P.O. BOX 507			
P.O., STATE AND ZIP CODE		Clear Creek, UT 84517	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES			
OPTIONAL SERVICES			
RETURN RECEIPT SERVICE			
RESTRICTED DELIVERY			
SPECIAL DELIVERY			
CERTIFIED FEE		6	
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE		OCT 20 1982	

PS Form 3800, Apr. 1976

DOG

0034

PS Form 3811, Jan. 1979

● **SENDER:** Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
 Show to whom and date delivered. _____¢
 Show to whom, date and address of delivery. _____¢
 RESTRICTED DELIVERY
 Show to whom, date and address of delivery. _____¢
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____

(CONSULT POSTMASTER FOR FEES)

2. **ARTICLE ADDRESSED TO:**
 Mr. Trevor Whiteside,
 Valley Camp of Utah
 P.O. Box 507
 Clear Creek, UT 84517

3. **ARTICLE DESCRIPTION:**
 REGISTERED NO. _____ CERTIFIED NO. _____ INSURED NO. _____
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(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. **POSTMARK**
 DATE OF DELIVERY _____

5. **ADDRESS** (Complete only if requested)

6. **UNABLE TO DELIVER BECAUSE:**

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆GPO : 1979-288-948



State of Utah
 Natural Resources & Energy
 Oil, Gas, & Mining
 4241 State Office Building
 Salt Lake City, Utah 84114

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

UNITED STATES POSTAL SERVICE
 OFFICIAL BUSINESS
 OCT 20 1982
 SENDER INSTRUCTIONS 82

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits.
- Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO



STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆U.S. GOVERNMENT PRINTING OFFICE 1978: 269-897