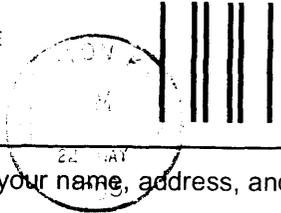


0046

C/007/001
INCOMING

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ANGELA NANCE
 DIVISION OF OIL GAS & MINING
 1594 W NORTH TEMPLE SUITE 1210
 P O BOX 145801
 SALT LAKE CITY UT 84114-5801

5/16/03, C/007/001-C03-50-2-1, OUTGOING

RECEIVED



MAY 27 2003

DIV. OF OIL, GAS & MINING

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>W. Bishop</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>WILLIAM BISHOP 2525 HARRODSBURGE ROAD STE 235 LEXINGTON KY 40588-2086</p>	<p>B. Received by (Printed Name) <i>W. BISHOP</i></p> <p>C. Date of Delivery <i>5/29/03</i></p>
<p>2. Article Number (Transfer from service label) 7099 3400 0016 8895 6108</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>MAY 22 2003</i></p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>