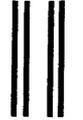


0040

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

4/8/03, C/007/001-N03-50-1-1, OUTGOING

RECEIVED
APR 14 2003



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. 	<table border="1"> <tr> <td data-bbox="842 1281 1189 1323">A. Received by (Please Print Clearly)</td> <td data-bbox="1189 1281 1379 1323">B. Date of Delivery</td> </tr> <tr> <td data-bbox="842 1323 1189 1365">C. Signature</td> <td data-bbox="1189 1323 1379 1365"></td> </tr> <tr> <td data-bbox="842 1365 1189 1438">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td data-bbox="1189 1365 1379 1438"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery						
C. Signature							
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>1. Article Addressed to:</p> <p>MARK WAYMENT LODESTAR ENERGY INC HC 35 BOX 370 HELPER UT 84526</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>						
<p>2. Article Number (Copy from service label) 7099 3400 0016 8895 6177</p>							