

0015

UNITED STATES POSTAL SERVICE



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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

RECEIVED

MAR 26 2004

DIV. OF OIL, GAS & MINING

C/007/0001, 2/17/04, OUTGOING

4114+5801



INCOMING  
0010001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> <i>K. M...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>K. M...</i> Date of Delivery <i>3/18</i></p>
<p>1. Article Addressed to:</p> <p>JOHN BINKO 30 ROCKEFELLER CENTER STE 4225 NEW YORK NY 10112</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>3. Service Type  <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 (Transfer from service label) 7099 3400 0016 8895 5798</p>	