

0019

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

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

RECEIVED
MAR 26 2004
DIV. OF OIL, GAS & MINI



INCOMING
C0070001

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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 3/18</p>
<p>1. Article Addressed to:</p> <p>JOHN SIEGEL JR 30 ROCKEFELLER PLAZA STE 4225 NEW YORK NY 10112</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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 5880</p>	<p>PS Form 3811, August 2001 Domestic Return Receipt 102505 02 MAR 2005</p>