

0019

P 324 744 017

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse) RC1-001-004

PS Form 3800, Apr. 1976		P 324744017		DOGM	
SENT TO		Mr. Rob Wiley			
STREET AND NO.		P.O. Box 629			
P.O. STATE AND ZIP CODE		Helper, Utah 84526			
POSTAGE		\$			
CONSULT POSTMASTER FOR FEES					
OPTIONAL SERVICES					
RETURN RECEIPT SERVICE					
CERTIFIED FEE		e			
SPECIAL DELIVERY		e			
RESTRICTED DELIVERY		e			
SHOW TO WHOM AND DATE DELIVERED		e			
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		e			
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		e			
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		e			
TOTAL POSTAGE AND FEES		\$			
POSTMARK OR DATE					

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.



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

4241 State Office Building - Salt Lake City, UT 84114 - 801-533-5771

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

November 3, 1982

REGISTERED RETURN RECEIPT REQUESTED P 324 744 017

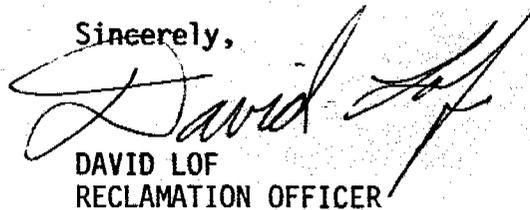
Mr. Rob Wiley
Price River Coal Company
P.O. Box 629
Helper, Utah 84526

RE: NOV's 82-4-5-1, 82-4-7-1
and 82-4-9-1
Price River Coal Complex
ACT/007/004
Carbon County, Utah

Dear Mr. Wiley:

Please find enclosed Termination of Notice forms for the above-mentioned NOV's. If you have any questions concerning these terminations please do not hesitate to call me.

Sincerely,



DAVID LOF
RECLAMATION OFFICER

DL/lm

Enclosures

cc: Tom Ehmett, OSM