

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

- 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)
- 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.
- 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 **RETURN RECEIPT REQUESTED** adjacent to the number.
- 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.
- 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.
- Save this receipt and present it if you make inquiry.

*GPO: 1980 331-003

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE, \$300

State of Utah
Natural Resources & Energy
Oil, Gas, & Mining
4241 State Office Building
Salt Lake City, Utah 84114

RETURN TO

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.

PS Form 3811, July 1982

| | | | |
|---|--|---|--|
| <p>● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.</p> | | <p>TOTAL \$ _____</p> | |
| <p>(CONSULT POSTMASTER FOR FEES)</p> | | | |
| <p>1. <input checked="" type="checkbox"/> Return receipt service is requested (check one).</p> <p><input type="checkbox"/> Show to whom and date delivered</p> <p><input type="checkbox"/> Show to whom, date, and address of delivery</p> <p>2. <input type="checkbox"/> RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)</p> | | <p>ARTICLE NUMBER</p> <p>827</p> | |
| <p>3. ARTICLE ADDRESSED TO:</p> <p>Mr. Glen Zimmerman Utah Fuel Co Helper, Ut 84526</p> | | <p>4. TYPE OF SERVICE:</p> <p><input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED</p> <p><input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD</p> <p><input type="checkbox"/> EXPRESS MAIL</p> | |
| <p>(Always obtain signature of addressee or agent)</p> | | | |
| <p>I have received the article described above.</p> <p>SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent</p> <p><i>Diana Mada</i></p> | | <p>5. DATE OF DELIVERY</p> <p>NOV 28 1983</p> | |
| <p>6. ADDRESSEE'S ADDRESS (Only if requested)</p> | | <p>7. UNABLE TO DELIVER BECAUSE:</p> | |

RETURN RECEIPT

P 324 743 395

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

| | | | |
|-----------------------------|--------------------|---|----|
| SENT TO | Mr. Glen Zimmerman | CERTIFIED FEE | \$ |
| STREET AND NO. | P.O. 207 719 | SPECIAL DELIVERY | \$ |
| P.O., STATE AND ZIP CODE | Helper, Ut 84526 | RESTRICTED DELIVERY | \$ |
| POSTAGE | | SHOW TO WHOM AND DATE DELIVERED | \$ |
| | | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | \$ |
| | | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | \$ |
| | | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | \$ |
| CONSULT POSTMASTER FOR FEES | | RETURN RECEIPT SERVICE | \$ |
| OPTIONAL SERVICES | | | \$ |
| TOTAL POSTAGE AND FEES | | | \$ |
| POSTMARK OR DATE | | | |

PS Form 3800, Apr. 1976

* GPO: 1982-379-583