P 879 596 435

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

Sent to JOHN GARR (SKYLINE MINE)	
Street and No 175 South 400 East	
P.O., State and ZIP Code Salt Lake City, Utah 84111	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, June 1985

ACT/007/005

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

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.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

U.S.MAIL

RETURN TO

STATE OF UTAH
NATURAL RESOURCES
OIL, GAS, & MINING
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203
(City, State, and ZIP Code)

0016

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

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address in 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 to the right of the return address on the article, 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 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.

U.S.G.P.O. 1987-197-722

Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☒ Show to whom and date delivered ..... ¢
   - ☐ Show to whom, date, and address of delivery .. ¢
2. ☐ **RESTRICTED DELIVERY** *(The restricted delivery fee is charged in addition to the return receipt fee.)* ¢

TOTAL $

3. **ARTICLE ADDRESSED TO:**
JOHN GARR (SKYLINE MINE)
175 South 400 EAST
SALT LAKE CITY, UTAH 84111

4. **TYPE OF SERVICE:** ☐ REGISTERED ☐ INSURED ☒ CERTIFIED ☐ COD ☐ EXPRESS MAIL
ARTICLE NUMBER P 879 596 435

(Always obtain signature of addressee or agent)
I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
Buckley

5. **DATE OF DELIVERY**
POSTMARK
6. **ADDRESSEE'S ADDRESS** *(Only if requested)*
7. **UNABLE TO DELIVER BECAUSE:**
7a. **EMPLOYEE'S INITIALS**

Form 3811, Dec. 1980 **RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL**

ACT/007/005