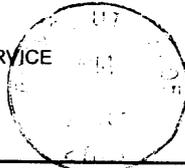


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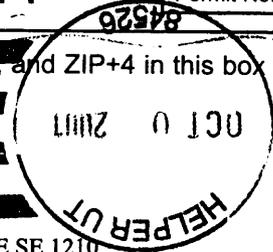
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

SHEILA MORRISON  
DOGM  
1594 W NORTH TEMPLE SE 1210  
BOX 145801  
SLC UT 84114-5801



SEPT. 25, 01, C/007/005-N01-39-1-1, COMPLIANCE FILE

14X5801



OK

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

DAN MEADORS  
CANYON FUEL COMPANY, LLC  
HC 35 BOX 380  
HELPER UT 84526

**COMPLETE THIS SECTION ON DELIVERY**

- |                                                                                        |                                                                      |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| A. Received by (Please Print Clearly)<br><i>RON R. LARSEN</i>                          | B. Date of Delivery<br><i>10/1/01</i>                                |
| C. Signature<br><i>X Ron R. Larsen</i>                                                 | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?<br>If YES, enter delivery address below: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          |

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.                         |

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
7099 3400 0016 8895 9833