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UNITED STATES POSTAL SERVICE

PROCESSED BY 842

12 SEP 2008 PM 1 T



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

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

LETTER DATED 9/10/2008
VIOLATION #10028
C007005 SKYLINE MP#:

RECEIVED
SEP 17 2008
DIV. OF OIL, GAS & MINING

VICKIE SOUTHWICK
DIVISION OF OIL GAS MINING
1594 WEST NORTH TEMPLE SUITE 1210
SALT LAKE CITY UTAH 84114



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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>WESS SORENSEN CAYNON FUEL COMPANU, LLC HCR 35, BOX 380 HEPLER, UTAH 84526</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input 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>

7005 2570 0000 4801 7215

Domestic Return Receipt

102595-02-M-1540