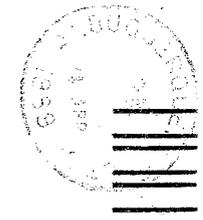


SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits, otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.
UTAH Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center Suite 350
SALT LAKE CITY UT 84180-1203

P 879 596 392

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

Sent to <u>R. Hagen, Director</u> <u>Office of Surface Mining</u>	
Street and No. <u>Suite 310 SILVER SQ.</u> <u>625 SILVER AVE. S.W.</u>	
P.O., State and ZIP Code <u>Albuquerque NM 87102</u>	
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	

ACI/007/006 TDN

PS Form 3811, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: <u>Mr. Robert Hagen, Director</u> <u>Office of Surface Mining</u> <u>Suite 310 Silver Sq.</u> <u>625 Silver Ave. S.W.</u> <u>Albuquerque NM 87102</u>	4. Article Number <u>P 879 596 392</u>
5. Signature - Addressee <input checked="" type="checkbox"/>	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature Agent <input checked="" type="checkbox"/> <u>Yulky</u>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <u>Yulky</u>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986
ACI/007/006

DOMESTIC RETURN RECEIPT

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 to the right of the return address 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 to the right of the return address 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. Endorse front 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.

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