P07 5776511

# RECEIPT FOR CERTIFIED MAIL

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

ATT/DCD/DCD

Assessment Conference

| | |
|---|---|
| SENT TO John Huefner | |
| STREET AND NO. P.O. Box D | |
| P.O., STATE AND ZIP CODE Sunnyside, UT 84539 | |
| POSTAGE | $ |
| CONSULT POSTMASTER FOR FEES — CERTIFIED FEE | ¢ |
| OPTIONAL SERVICES — SPECIAL DELIVERY | ¢ |
| OPTIONAL SERVICES — RESTRICTED DELIVERY | ¢ |
| RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED | ¢ |
| RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY | ¢ |
| RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | ¢ |
| RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ |
| TOTAL POSTAGE AND FEES | $ |
| POSTMARK OR DATE | |

10-27-80

PS Form 3800, Apr. 1976

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**SENDER:** Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
   - [x] Show to whom and date delivered.....¢
   - [ ] Show to whom, date and address of delivery.....¢
   - [ ] RESTRICTED DELIVERY
     Show to whom and date delivered.....¢
   - [ ] RESTRICTED DELIVERY.
     Show to whom, date, and address of delivery $

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
John Huefner
P.O. Box D.
Sunnyside, UT 84539

BTM

3. ARTICLE DESCRIPTION:

| REGISTERED NO. | CERTIFIED NO. | INSURED NO. |
|---|---|---|
| | 5776511 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE [ ] Addressee [ ] Authorized agent

4. DATE OF DELIVERY 10-29-80

POSTMARK OCT 29 1980

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO : 1979-283-848

Form 3811, Jan. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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

1. Receipt postmarked, stick the gummed stub on the left portion of the address side of the article, or affix to the receipt attached, and present the article at a post office service window or to a postal carrier (no extra charge)
2. To obtain 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
3. To obtain return receipt, write the certified-mail number and your name and address on a return 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 number.
4. If delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article
5. To obtain delivery of certified mail services requested in the appropriate spaces on the front of this receipt. If return receipt requested, check the applicable blocks in Item 1 of Form 3811
6. Keep this receipt and present it if you make inquiry

☆U.S. GOVERNMENT PRINTING OFFICE 1978—269-897

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UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

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

RETURN TO

STATE OF UTAH
Department of Natural Resources
Division of Oil and Gas Conservation
1588 West North Temple
Salt Lake City, Utah 84116

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE $300

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)