

P 402 459 432

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>MR. Charles Mc Glothlin</i>	
Street and No. <i>Kaiser Coal Corp.</i>	
P.O., State and ZIP Code <i>P.O. Box 10</i>	
<i>Sunnyside UT 84539</i>	
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	

Form 3800, Feb. 1982

ACT/007/013, ACT/007/007, ACT/007/012

PS Form 3811, July 1983 447-945

**SENDER: Complete items 1, 2, 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 box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:  
*Mr. Charles Mc Glothlin*  
*Kaiser Coal Corp.*  
*P.O. Box 10*  
*Sunnyside UT 84539*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	<i>P 402 459 432</i>
<input type="checkbox"/> Certified <input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and **DATE DELIVERED.**

- Signature - Addressee  
*X*
- Signature - Agent  
*X Anderson*
- Date of Delivery  
**NOV 25 1987**
- Addressee's Address (ONLY if requested and fee paid)

ACT/007/013, ACT/007/007, ACT/007/012

DOMESTIC RETURN RECEIPT

NOTE: original receipt is filed with ACT/007/013