0001

State of Utah
Natural Resources & Energy
Oil, Gas & Mining
4241 State Office Building
Salt Lake City, Utah 84114

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.

RETURN RECEIPT REQUESTED OPTIONAL SERVICES (see fees)

1. Show to whom and your name and address on a
2. Show to whom, date, and address of delivery
3. Show to whom and date delivered
4. Show to whom, date, and address of delivery

Write "Return Receipt Requested" on the front of the article

Write "Restricted Delivery" on the front of the article

If the addressee is not an authorized agent of the addressee, an authorized agent may sign the receipt.

Sign your name and your address on the reverse side of this card.

Enclose this card in a stamped envelope and mail the article.

Write your name and address on the reverse side of this card.

Place the article at a post office service window or mail it.

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RETURN RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

State of Utah
Natural Resources & Energy
Oil, Gas & Mining
4241 State Office Building
Salt Lake City, Utah 84114

P 402 457 323

Sent to Mr Bill Green
Street and No. P.O. Box 1329
P.O., State and ZIP Code Park City Utah 84060

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	

CER/001/009 Not Mod.

PS Form 3800, Feb. 1982

31 1984

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

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.

RETURN TO

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

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U.S.MAIL

P402-457-323

CER/001/009 Not Mod.

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☐ Show to whom and date delivered ..... ¢
☐ Show to whom, date, and address of delivery .. ¢
2. ☐ RESTRICTED DELIVERY ¢
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO: Mr. Bill Green
Sunbeam Exploration Limited
P.O. Box 1329
Park City, Ut 84060

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☐ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
P402-457-323

(Always obtain signature of addressee or agent)

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

5. DATE OF DELIVERY
8-3-84

POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Dec. 1980