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UNITED STATES POSTAL SERVICE



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

Print your name, address, and ZIP Code in this box

RECORDED

JAN 05 2001

DIVISION OF
OIL, GAS AND MINING

Sheila Morrison
DOGM
1594 W North Temple Su 1210
Box 145801
S L C, UT 84114-5801

12-27-00 N00-41-1-1 COMPLIANCE FILE Act/067/013

84114+5801



Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MELVIN COONROD EIS 31 N MAIN ST HELPER UT 84526		4a. Article Number P 074 978 566	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 1/2/01	
5. Received By: (Print Name) DAVID S...		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X [Signature]			

Thank you for using Return Receipt Service.