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AUG 09 2004

• Sender: Please print your name, address, and ZIP+4 in this box.

Vickie Southwick  
Division of Oil, Gas & Mining  
1544 West North Temple, Suite 210  
Salt Lake City Utah 84114-5801

Ending & conclusion order 1/007/013  
8-2004

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Janalee Luke</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Janalee Luke</i></p> <p>C. Date of Delivery <i>8-5-04</i></p>
<p>1. Article Addressed to:</p> <p><b>IRA HATCH EMERY COUNTY P. O. BOX 629 CASTLE DALE UTAH 84513</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>AUG 05 2004</b> <b>84513</b></p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7003 0260 0002 0247 9963</b></p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	