

0031

Income
CC070013

UNITED STATES POSTAL SERVICE
DIST SVC 09/28/2005

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

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

ANGELA NANCE
DIVISION OF OIL GAS & MINING
1594 WEST NORTH TEMPLE SUITE 1210
P O BOX 145801
SALT LAKE CITY UT 84114-5801

RECEIVED
SEP 28 2005
DIV. OF OIL, GAS & MINING
C/007/0013, TASK ID #2304, OUTGOING, 9/21/05



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>R. Jay Marshall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>JAY MARSHALL UTAHAMERICAN ENERGY INC P O BOX 986 PRICE UT 84501</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>R. Jay Marshall</i> <i>9/28/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" 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>PS Form 3811, August 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7002 0510 0003 8602 8604 Domestic Return Receipt 102595-02-M-1540</p>