

0078

UNITED STATES POSTAL SERVICE

POCATELLO ID 83204
PM
13 MAR 2006

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 AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
SALT LAKE CITY UTAH 84114

RECEIVED
MAR 15 2006
DIV. OF OIL, GAS & MINING

34 C010

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>3/13/03</i></p>
<p>IVAN WONGAN NORTHWEST SHOSHONE TRIBE 427 NORTH MAIN STREET STE 101 POCATELLO ID 83204</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>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>7004 2510 0004 1824 3144</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>