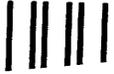


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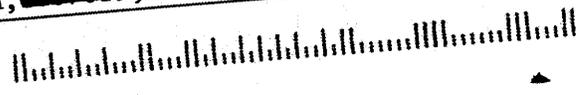
this box ●

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

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

0014

SM DOGM, [REDACTED]



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. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MIKE GLASSON
ANDALEX RESOURCES
P O BOX 902
PRICE UT 84501

4a. Article Number
P 074 978 564

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
10-24-2000

5. Received By: (Print Name)

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.