

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits, otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE: \$300



RETURN TO

(STATE OF UTAH)
NATURAL RESOURCES
OIL, GAS, & MINING
3 TRADE CENTER BUILDING SUITE 350
SALT LAKE CITY, UTAH 84180-1203

(City, State, and ZIP Code)

STICK POSTAGE-STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.
CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends. If space permits, otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

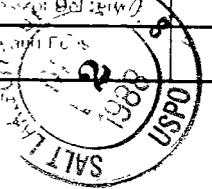
U.S.G.P.O. 1987-197-722

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P 879 596 439

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to WILLIAM B. PRINCE	
Street and No. 50 SO. MAIN ST. SUITE 900	
P.O., State and ZIP Code SALT LAKE CITY, UTAH 84144	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Agent	
TOTAL Postage and Fees	
Postmark or Date	



PS Form 3800, June 1985

INA/007/021

PS Form 3811, Dec 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● **SENDER:** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 - Show to whom and date delivered \$
 - Show to whom, date, and address of delivery.. \$
2. **RESTRICTED DELIVERY** (The restricted delivery fee is charged in addition to the return receipt fee.) \$

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**
WILLIAM B. PRINCE
50 SOUTH MAIN STREET SUITE 900
SALT LAKE CITY, UTAH 84144

4. **TYPE OF SERVICE:** **ARTICLE NUMBER**
 REGISTERED INSURED **D879-596-439**
 CERTIFIED COD
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent
T. Galligan

5. **DATE OF DELIVERY** **POSTMARK**
12 5 88

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:** 7a. **EMPLOYEE'S INITIALS**
MS

INA/007/021