

SENDER: Cor 9 Items 1 and 2 when additional services are desired and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: E M GERICK VP OPERATIONS
WESTERN STATES MINERALS CORP
250 S ROCK BLVD STE 130
RENO NV 89502

4. Article Number P 074 976 222

5. Signature - Address X

6. Signature Agent X

7. Date of Delivery SEP 21 1984

8. Addressee's Address (ONLY if requested and fee paid)

Type of Service: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

If you want this receipt postmarked, stick the gummed stub to the right of the return address; a receipt attached and present the article at a post office service window or hand it to your rural carrier (extra charge)

If you do not want this receipt postmarked, stick the gummed stub to the right of the return address; a receipt attached and retain the receipt, and mail the article.

If you want a return receipt, write the certified mail number and your name and address on a receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends of space tabs. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.

If you want delivery restricted to the addressee, or to an authorized agent of the addressee, on RESTRICTED DELIVERY on the front of the article.

Enter fees for the services requested in the appropriate spaces on the front of this receipt. If receipt is requested, check the applicable blocks in Item 1 of Form 3811.

Save this receipt and present it if you make inquiry. * U.S.G.P.O. 1988-217-

P 074 976 222
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to E M GERICK VP OPERATIONS WESTERN STATES MINERALS CORP 250 S ROCK BLVD STE 130 RENO NV 89502	
Postage	\$ 29
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	100
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 229
Postmark or Date	

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

0008

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.

Print Sender's name, address, and ZIP Code in the space below

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

POSTAGE WILL BE PAID BY ADDRESSEE