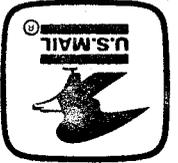


NOISIAID
OF
DIVISION

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

RETURN TO

PENALTY FOR PRIVATE USE, \$300



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.

OFFICIAL BUSINESS
UNITED STATES POSTAL SERVICE



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 an inquiry.

102595-97-B-0145

PS Form 3800, April 1995 (Reverse)

0000

TT DOGM 5/28/98 ACT/015/004 FINAL BOND RELEASE LETTER

SENDER: Complete 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)

| | |
|--|--|
| <p>3. Article Addressed to:</p> <p>BRYANT ANDERSON EMERY COUNTY PLANNING PO BOX 417 CASTLE DALE UT 84513</p> | <p>4. Article Number</p> <p>Z 230 747 327</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p> |
| <p>5. Signature - Address</p> <p>X</p> | <p>8. Addressee's Address (ONLY if requested and fee paid)</p> |
| <p>6. Signature - Agent</p> <p>X</p> | <p>7. [Redacted]</p> |

RETURN RECEIPT

TT DOGM 5/28/98 ACT/015/004 FINAL BOND RELEASE LETTER

PS Form 3800, April 1995

Z 230 747 327

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

| | | |
|---|----------------------|--|
| Sent to | BRYANT ANDERSON | |
| Street & Number | PO BOX 417 | |
| Post Office, State, & ZIP Code | CASTLE DALE UT 84513 | |
| Postage | \$ | |
| Certified Fee | | |
| Special Delivery Fee | | |
| Restricted Delivery Fee | | |
| Return Receipt Showing to Whom, Whom & Date Delivered | | |
| Date & Address of Addressee | MAY 28 1998 | |
| TOTAL Postage & Fees | \$ | |
| Postmark of Office | SPS - 84199 | |