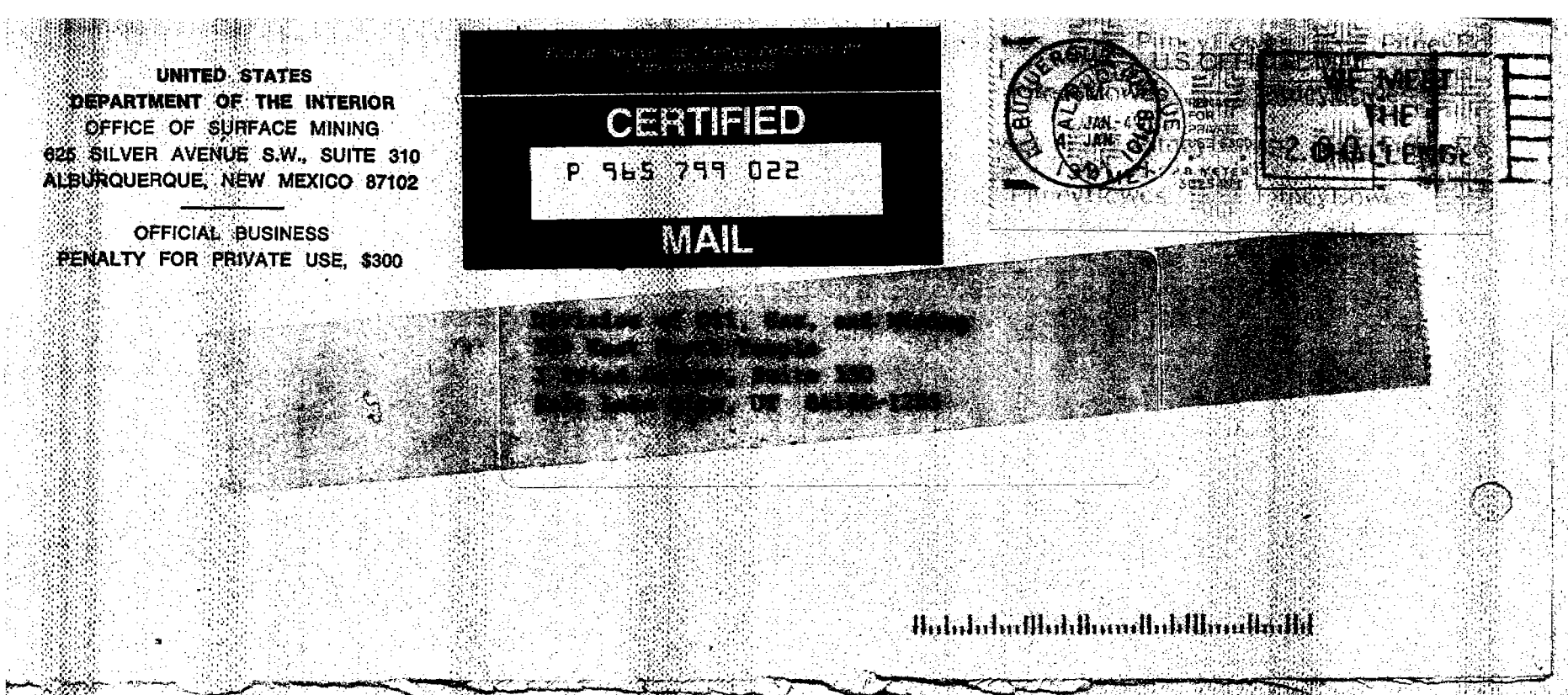
0033



P 074 979 035

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

DOGM

ROBERT HAGEN DIRECTOR
OFFICE OF SURFACE MINING
RECLAMATION AND ENFORCEMENT
SUITE 310 SILVER SQUARE
625 SILVER AVENUE S W
ALBUQUERQUE NM 87102

Sent to
Street and No.
P.O., State and ZIP Code

Postage	$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.00
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ .29
Postmark or Date	

S. LT. LAKE CITY, UT MAIN OFFICE MAR 11 1991 USPS

JBE

ACT/015/017
X91-02-370-002 TV1

PS Form 3800, June 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF SURFACE MINING
625 SILVER AVENUE S.W., SUITE 310
ALBUQUERQUE, NEW MEXICO 87102

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

CERTIFIED
P 965 799 022
MAIL

ALBUQUERQUE NM 87102 JAN 4 1991

WE MEET THE FIRST 2001 ENGR

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. 1988-217-132

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF SURFACE MINING
625 SILVER AVENUE S.W., SUITE 310
ALBURQUERQUE, NEW MEXICO 87102

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

Fold at line over top of envelope to the right of the return address.

CERTIFIED

P 965 799 022

MAIL

U.S. OFFICIAL MAIL
PENALTY FOR PRIVATE USE $300
P.B. METER 3025499

ALBUQUERQUE, NM 87101
PM
JAN-4
JAN
1991

U.S. POSTAGE
WE MEET THE 2.00 CHALLENGE

Division of Oil, Gas, and Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180-1203

ACT/015/017
DOGM JBE X91-02-370-002 TV1

P 074 979 035

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

ROBERT HAGEN DIRECTOR
OFFICE OF SURFACE MINING
RECLAMATION AND ENFORCEMENT
SUITE 310 SILVER SQUARE
625 SILVER AVENUE S W
ALBUQUERQUE NM 87102

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	$29
Postmark or Date	

S LT LAKE CITY, UT MAIN OFFICE
MAR 11 1991
USPS

PS Form 3800, June 1985

0033

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. 1988-217-132

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL NUMBER [redacted]8707[redacted]

62798M

DATE 12/12/86

INA/015/007

Sender's Federal Express Account Number 1047-2370-5

AIRBILL NUMBER [redacted]8707[redacted]

From (Your Name) John Whitehead

Your Phone Number (Very Important) (801) 538-5340

Company DIVISION OF OIL GAS & MINING

Department/Floor No.

Street Address #3 TRIAD STE 350

City SALT LAKE CITY State UT

ZIP ® Zip Code Required For Correct Invoicing 8 4 1 0 0 1203

To (Recipient's Name) 2 John W. Rains

Recipient's Phone Number (Very Important) (714) 825-4260

Company CALMAT-California Portland Cement Div.

Department/Floor No.

Exact Street Address (Use of P.O. Boxes or P.O. ® Zip Codes Will Delay Delivery And Result in Extra Charge.)

695 South Rancho Avenue

City Colton State CA

ZIP Street Address Zip Required (Not P.O. Box ® Zip Code) 92324-0514

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

PAYMENT 1 Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☐ Bill Credit Card ☐ Cash

H HOLD FOR PICK-UP AT THIS FEDERAL EXPRESS LOCATION: Street Address (See Service Guide or Call 800-238-5355)

City State

ZIP ® Zip Code of Street Address Required

Federal Express Use

Base Charges

Declared Value Charge

Origin Agent Charge

Other

Total Charges

SERVICES CHECK ONLY ONE BOX

☐ PRIORITY 1 Overnight Delivery 6 Using Your Packaging ☐ OVERNIGHT LETTER (Our Packaging) 9½"x12½"

OVERNIGHT DELIVERY USING OUR PACKAGING

☐ Courier-Pak Overnight Envelope 12"x 15½"

☐ Overnight Box 12½"x 17½"x 3" A ☐

☐ Overnight Tube 38"x 6"x 6" B ☐

STANDARD AIR ☐ Delivery not later than second business day

SERVICE COMMITMENT

PRIORITY 1 - Delivery is scheduled early next business morning to most locations. It may take two or more business days if the destination is outside our primary service areas.

STANDARD AIR - Delivery is generally next business day or not later than second business day. It may take three or more business days if the destination is outside our primary service areas.

DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED

1 ☐ HOLD FOR PICK-UP (Fill in Section H at right)

2 ☒ DELIVER WEEKDAY

3 DELIVER SATURDAY (Extra charge) ☐

4 ☐ RESTRICTED ARTICLES SERVICE (P-1 and Standard Air Packages only. Extra charge)

5 ☐ CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Do Not Complete Section 5)

6 ☐ DRY ICE _____ Lbs.

7 ☐ OTHER SPECIAL SERVICE _____

8 ☐

9 ☐ SATURDAY PICK-UP (Extra charge)

10 ☐

PACKAGES	WEIGHT	YOUR DECLARED VALUE (See right)	OVER SIZE
	LBS		
	LBS		
	LBS		
	LBS		
Total 1	Total 1	Total	

Received At 1 ☐ Regular Stop 2 ☐ On-Call Stop 3 ☐ Drop Box 4 ☐ B.S.C. 5 ☐ Station

Federal Express Corp. Employee No. 4499

Date/Time For Federal Express Use 12/12 1645

YOUR DECLARED VALUE

DAMAGE OR LOSS

We are liable for no more than $100 per package in the event of physical loss or damage, unless you fill in a higher Declared Value to the left and document higher actual loss in the event of a claim. We charge 30¢ for each additional $100 of declared value up to the maximum shown in our Service Guide. Declared value restrictions are shown on the back of the Sender's Copy of this airbill. We make no expressed or implied warranties.

DELAY

There is always a risk of late delivery or non-delivery. In the event of a late delivery Federal Express will, at your request and with some limitations, refund all transportation charges paid. See back of Sender's Copy of this airbill for further information.

CONSEQUENTIAL DAMAGES

We will not be responsible or liable for any loss or damage resulting from delay, non-delivery or damage to a package, except as noted above. This includes loss of sales, income, interest, profits, attorney fees and other costs, but is not limited to these items. Such damages are called "consequential damages."

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature:

PART #106001 FEC-S-751-1000 REVISION DATE 7/86 PRINTED U.S.A. WCSE

SENDER'S COPY/RETAIN FOR TRACE PURPOSES

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL NUMBER [redacted]8707[redacted]

Confirming # SLC 294

INA/015/007

Hidden Valley Mine

62798M

DATE 12/02/86

Sender's Federal Express Account Number 1047-2370-5

AIRBILL NUMBER [redacted]8707[redacted]

From (Your Name) John Whitehead

Your Phone Number (Very Important) (801) 538-5340

Company DIVISION OF OIL GAS & MINING

Department/Floor No.

Street Address #3 TRIAD STE 350

City SALT LAKE CITY State UT

ZIP ® Zip Code Required For Correct Invoicing 8 4 1 0 0 1203

To (Recipient's Name) 2 John Rains

Recipient's Phone Number (Very Important) (714) 825-4260

Company California Portland Cement / CALMAT

Department/Floor No.

Exact Street Address (Use of P.O. Boxes or P.O. ® Zip Codes Will Delay Delivery And Result in Extra Charge.)

695 South Rancho Avenue

City Colton

Conf. # SLC 207

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

PAYMENT 1 Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☐ Bill Credit Card ☐ Cash

H HOLD Street

City

ZIP

Federal Express Use

Charges

Declared Value Charge

Origin Agent Charge

Other

Total Charges

SERVICES CHECK ONLY ONE BOX

☐ PRIORITY 1 Overnight Delivery 6 Using Your Packaging ☐ OVERNIGHT LETTER (Our Packaging) 9½"x12½"

OVERNIGHT DELIVERY USING OUR PACKAGING

☐ Courier-Pak Overnight Envelope 12"x 15½"

☐ Overnight Box 12½"x 17½"x 3" A ☐

☐ Overnight Tube 38"x 6"x 6" B ☐

STANDARD AIR ☐ Delivery not later than second business day

SERVICE COMMITMENT

PRIORITY 1 - Delivery is scheduled early next business morning to most locations. It may take two or more business days if the destination is outside our primary service areas.

STANDARD AIR - Delivery is generally next business day or not later than second business day. It may take three or more business days if the destination is outside our primary service areas.

DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED

1 ☐ HOLD FOR PICK-UP (Fill in Section H at right)

2 ☒ DELIVER WEEKDAY

3 DELIVER SATURDAY (Extra charge) ☐

4 ☐ RESTRICTED ARTICLES SERVICE (P-1 and Standard Air Packages only. Extra charge)

5 ☐ CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Do Not Complete Section 5)

6 ☐ DRY ICE _____ Lbs.

7 ☐ OTHER SPECIAL SERVICE _____

8 ☐

9 ☐ SATURDAY PICK-UP (Extra charge)

10 ☐

PACKAGES	WEIGHT	YOUR DECLARED VALUE (See right)	OVER SIZE
1	LBS		
	LBS		
	LBS		
	LBS		
Total 1	Total 1	Total	

Received At 1 ☐ Regular Stop 2 ☐ On-Call Stop 3 ☐ Drop Box 4 ☐ B.S.C. 5 ☐ Station

Federal Express Corp. Employee No. 4295

Date/Time For Federal Express Use 12/2 1714

DAMAGE OR LOSS

We are liable for no more than $100 per package in the event of physical loss or damage, unless you fill in a higher Declared Value to the left and document higher actual loss in the event of a claim. We charge 30¢ for each additional $100 of declared value up to the maximum shown in our Service Guide. Declared value restrictions are shown on the back of the Sender's Copy of this airbill. We make no expressed or implied warranties.

DELAY

There is always a risk of late delivery or non-delivery. In the event of a late delivery Federal Express will, at your request and with some limitations, refund all transportation charges paid. See back of Sender's Copy of this airbill for further information.

CONSEQUENTIAL DAMAGES

We will not be responsible or liable for any loss or damage resulting from delay, non-delivery or damage to a package, except as noted above. This includes loss of sales, income, interest, profits, attorney fees and other costs, but is not limited to these items. Such damages are called "consequential damages."

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature:

PART #106001 FEC-S-751-1000 REVISION DATE 7/86 PRINTED U.S.A. WCSE

SENDER'S COPY/RETAIN FOR TRACE PURPOSES

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL NUMBER [redacted]8707[redacted]

62798M

DATE 12/17/86

INA/015/007

Sender's Federal Express Account Number 1047-2370-5

AIRBILL NUMBER [redacted]8707[redacted]

From (Your Name) John Whitehead

Your Phone Number (Very Important) (801) 538-5340

Company DIVISION OF OIL GAS & MINING

Department/Floor No.

Street Address 3 TRIAD STE 350

City SALT LAKE CITY State UT

ZIP ® Zip Code Required For Correct Invoicing 8 4 1 8 0 1203

To (Recipient's Name) 2 John W. Rains

Recipient's Phone Number (Very Important) (714) 825-4260

Company CALMAT-California Portland Cement Div.

Department/Floor No.

Exact Street Address (Use of P.O. Boxes or P.O. ® Zip Codes Will Delay Delivery And Result in Extra Charge.)

695 South Rancho Avenue

City Colton State CA

ZIP Street Address Zip Required (No P.O. Box ® Zip Code) 92324-0514

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

PAYMENT ☒ Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☐ Bill Credit Card ☐ Cash

H HOLD FOR PICK-UP AT THIS FEDERAL EXPRESS LOCATION: Street Address (See Service Guide or Call 800-238-5355)

City State

ZIP ® Zip Code of Street Address Required

Federal Express Use: Base Charges; Declared Value Charge; Origin Agent Charge; Other; Total Charges

SERVICES CHECK ONLY ONE BOX

☐ PRIORITY 1 Overnight Delivery 6 ☐ OVERNIGHT LETTER (Our Packaging) 9½"x12½" Using Your Packaging

OVERNIGHT DELIVERY USING OUR PACKAGING

☒ Courier-Pak Overnight Envelope 12"x 15½"

☐ Overnight Box 12½"x 17½"x 3" A ☐

☐ Overnight Tube 38"x 6"x 6" B ☐

STANDARD AIR ☐ Delivery not later than second business day

SERVICE COMMITMENT

PRIORITY 1 - Delivery is scheduled early next business morning to most locations. It may take two or more business days if the destination is outside our primary service areas.

STANDARD AIR - Delivery is generally next business day or not later than second business day. It may take three or more business days if the destination is outside our primary service areas.

DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED

		PACKAGES	WEIGHT	YOUR DECLARED VALUE (See right)	OVER SIZE
1 ☐	HOLD FOR PICK-UP (Fill in Section H at right)		LBS		
2 ☒	DELIVER WEEKDAY		LBS		
3 ☐	DELIVER SATURDAY (Extra charge)		LBS		
4 ☐	RESTRICTED ARTICLES SERVICE (P-1 and Standard Air Packages only. Extra charge)		LBS		
5 ☐	CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Do Not Complete Section 5)	Total 1	Total 1	Total	
6 ☐	DRY ICE ____ Lbs.				
7 ☐	OTHER SPECIAL SERVICE				
8 ☐					
9 ☐	SATURDAY PICK-UP (Extra charge)				
10 ☐					

Received At: 1 ☐ Regular Stop 2 ☐ On-Call Stop 3 ☐ Drop Box 4 ☐ B.S.C. 5 ☐ Station

Federal Express Corp. Employee No. 4799

Date/Time For Federal Express Use 12/17 16 45

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature:

YOUR DECLARED VALUE

DAMAGE OR LOSS

We are liable for no more than $100 per package in the event of physical loss or damage, unless you fill in a higher Declared Value to the left and document higher actual loss in the event of a claim. We charge 30¢ for each additional $100 of declared value up to the maximum shown in our Service Guide. Declared value restrictions are shown on the back of the Sender's Copy of this airbill. We make no expressed or implied warranties.

DELAY

There is always a risk of late delivery or non-delivery. In the event of a late delivery Federal Express will, at your request and with some limitations, refund all transportation charges paid. See back of Sender's Copy of this airbill for further information.

CONSEQUENTIAL DAMAGES

We will not be responsible or liable for any loss or damage resulting from delay, non-delivery or damage to a package, except as noted above. This includes loss of sales, income, interest, profits, attorney fees and other costs, but is not limited to these items. Such damages are called "consequential damages."

SENDER'S COPY/RETAIN FOR TRACE PURPOSES

PART #106001 FEC-S-751-1000 REVISION DATE 7/86 PRINTED U.S.A. WCSE

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL NUMBER [redacted]8707[redacted]

Confirming # SLC 294

INA/015/007

Hidden Valley Mine

62798M

DATE 12/02/86

Sender's Federal Express Account Number 1047-2370-5

AIRBILL NUMBER [redacted]8707[redacted]

From (Your Name) John Whitehead

Your Phone Number (Very Important) (801) 538-5340

Company DIVISION OF OIL GAS & MINING

Department/Floor No.

Street Address 3 TRIAD STE 350

City SALT LAKE CITY State UT

ZIP ® Zip Code Required For Correct Invoicing 8 4 1 8 0 1203

To (Recipient's Name) 2 John Rains

Recipient's Phone Number (Very Important) (714) 825-4260

Company California Portland Cement / CALMAT

Department/Floor No.

Exact Street Address (Use of P.O. Boxes or P.O. ® Zip Codes Will Delay Delivery And Result in Extra Charge.)

695 South Rancho Avenue

City Colton State CA

ZIP Street Address Zip Required (No P.O. Box ® Zip Code) 92324-0514

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

PAYMENT ☐ Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☐ Bill Credit Card ☒ Cash

H HOLD FOR PICK-UP AT THIS FEDERAL EXPRESS LOCATION: Street Address (See Service Guide or Call 800-238-5355)

City State

ZIP ® Zip Code of Street Address Required

Federal Express Use: Base Charges; Declared Value Charge; Origin Agent Charge; Other; Total Charges

SERVICES CHECK ONLY ONE BOX

☐ PRIORITY 1 Overnight Delivery 6 ☐ OVERNIGHT LETTER (Our Packaging) 9½"x12½" Using Your Packaging

OVERNIGHT DELIVERY USING OUR PACKAGING

☒ Courier-Pak Overnight Envelope 12"x 15½"

☐ Overnight Box 12½"x 17½"x 3" A ☐

☐ Overnight Tube 38"x 6"x 6" B ☐

STANDARD AIR ☐ Delivery not later than second business day

SERVICE COMMITMENT

PRIORITY 1 - Delivery is scheduled early next business morning to most locations. It may take two or more business days if the destination is outside our primary service areas.

STANDARD AIR - Delivery is generally next business day or not later than second business day. It may take three or more business days if the destination is outside our primary service areas.

DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED

		PACKAGES	WEIGHT	YOUR DECLARED VALUE (See right)	OVER SIZE
1 ☐	HOLD FOR PICK-UP (Fill in Section H at right)	1	LBS		
2 ☒	DELIVER WEEKDAY		LBS		
3 ☐	DELIVER SATURDAY (Extra charge)		LBS		
4 ☐	RESTRICTED ARTICLES SERVICE (P-1 and Standard Air Packages only. Extra charge)		LBS		
5 ☐	CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Do Not Complete Section 5)	Total 1	Total 1	Total	
6 ☐	DRY ICE ____ Lbs.				
7 ☐	OTHER SPECIAL SERVICE				
8 ☐					
9 ☐	SATURDAY PICK-UP (Extra charge)				
10 ☐					

Received At: 1 ☐ Regular Stop 2 ☐ On-Call Stop 3 ☐ Drop Box 4 ☐ B.S.C. 5 ☐ Station

Federal Express Corp. Employee No. 4299

Date/Time For Federal Express Use 12/2 1914

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature:

YOUR DECLARED VALUE

DAMAGE OR LOSS

We are liable for no more than $100 per package in the event of physical loss or damage, unless you fill in a higher Declared Value to the left and document higher actual loss in the event of a claim. We charge 30¢ for each additional $100 of declared value up to the maximum shown in our Service Guide. Declared value restrictions are shown on the back of the Sender's Copy of this airbill. We make no expressed or implied warranties.

DELAY

There is always a risk of late delivery or non-delivery. In the event of a late delivery Federal Express will, at your request and with some limitations, refund all transportation charges paid. See back of Sender's Copy of this airbill for further information.

CONSEQUENTIAL DAMAGES

We will not be responsible or liable for any loss or damage resulting from delay, non-delivery or damage to a package, except as noted above. This includes loss of sales, income, interest, profits, attorney fees and other costs, but is not limited to these items. Such damages are called "consequential damages."

SENDER'S COPY/RETAIN FOR TRACE PURPOSES

PART #106001 FEC-S-751-1000 REVISION DATE 7/86 PRINTED U.S.A. WCSE

P 402 459 439

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to MR. John W. Rains Calif. Portland Cement Co.	
Street and No. P.O. Box 947	
P.O., State and ZIP Code COLTON CA 92324-0514	
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 Delivery	
TOTAL Postage and Fees	$
Postmark or Date	NOV 24 1987 USPO

PS Form 3800, Feb. 1982

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Mr. John W. Rains
California Portland Cement
P.O. Box 947
Colton CA 92324-0514

4. Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number
P 402 459 439

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
NOV 28 1987

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

DOMESTIC RETURN RECEIPT

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

RETURN TO

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS
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.

(Name of Sender)

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

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

P 402 458 623

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to MR. Robert H. Hagen Dr.	
Street and No. Albuquerque OSM 219 Central Ave., NW	
P.O., State and ZIP Code Albuquerque NM 87102	
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 Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982

dpi INA/015/007

8 1987 USPO

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:
Mr. Robert H. Hagen, Director
Albq Field Office OSM
219 Central Ave. NW
Albuquerque NM [redacted] 87102

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☑ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
P 402 458 623

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY 4/13/87

POSTMARK

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

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

dpi INA/015/007

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

If you want this receipt [illegible] stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (in extra charge).

[illegible] address side of the article, date, detach 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 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, [illegible] Form 38[illegible].

6. Save this receipt and present it if you make inquiry.

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

U.S. MAIL

RETURN TO

STATE OF UTAH
(Name of Sender)
NATURAL RESOURCES
OIL, GAS, & MINING
3 TRIAD CENTER, SUITE 350
(Street or P.O. Box)
SALT LAKE CITY, UTAH 84180-1203

(City, State, and ZIP Code)

P 879 596 367

RECEIPT FOR CERTIFIED MAIL

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

Sent to Emery Co. Board of Commissioners	
Street and No. P.O. Box 629	
P.O., State and ZIP Code Castle Dale UT 84513	
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 Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

SALT LAKE CITY UT STA. NO. 8 JUN 17 1988 USPO

INA/015/007 Dr

PS Form 3800, June 1985

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Emery County Board of Commissioners
P.O. Box 629
Castle Dale UT 84513

4. Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number
P 879 596 367

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X P. Snowball

7. Date of Delivery
JUN 21 1988

8. Addressee's Address *(ONLY if requested and fee paid)*
PO BOX 629
CD Ut 84513

DOMESTIC RETURN RECEIPT

INA/015/007 Dr

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.

RETURN TO

STATE OF UTAH
(Name of Sender)
3 TRIAD Center Suite 350
(No. and Street, Apt., Suite, P.O. Box or R.D. No.)
SLC Ut 84180-1203
(City, State, and ZIP Code)

PENALTY FOR PRIVATE USE, $300

U.S. MAIL

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

P 402 459 443

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Robert Hagen, Director AFO, OSMRE	
Street and No. Suite 310, Silver Square 625 Silver Ave. S.W.	
P.O., State and ZIP Code Albuquerque N.M. 87102	
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 Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

INA/015/007 Dr

PS Form 3800, Feb. 1982

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to: MR. Robert Hagen, Dir. AFO, Office of Surface Mining Reclamation – Enforcement Suite 310, Silver Square 625 Silver Ave. S.W. Albuquerque N M 87102
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail

Article Number: P 402 459 443

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee X
6. Signature — Agent X
7. Date of Delivery
8. Addressee's Address *(ONLY if requested and fee paid)*

DOMESTIC RETURN RECEIPT

402 459 443

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

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.

RETURN TO

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

(Name of Sender)

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code)

U.S. MAIL

PENALTY FOR PRIVATE USE, $300