0043

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[redacted]
[redacted] COMMISSIONER
P O BOX 629
CASTLE DALE UT 84513
[redacted]

COMPLETE THIS SECTION ON DELIVERY

2. Signature
X Carol Cox
☐ Agent
☐ Addressee

B. Received by (Printed Name) Carol Cox
C. Date of Delivery [redacted]

D. Is delivery address different from item 1? ☐ Yes [redacted]
If YES, enter delivery address below: ☐ No [redacted]

AUG 10 2007
84513

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7004 2510 0004 1824 2963

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

ST MAIL AND DIST [illegible] 11 2007

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

C/013/0025, TASK ID #2734, 4/5/07, OUTGOING

ANGELA MANCE
DIVISION OF OIL GAS & MINING
1594 W NORTH TEMPLE SUITE 1210
P O BOX 145801
SALT LAKE CITY UT 84114-5801

RECEIVED
APR 1 1 2007
DIV. OF OIL, GAS & M