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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Heather Schulz
☐ Agent
☐ Addressee

B. Received by (Printed Name) S. Heather Schulz
C. Date of Delivery OCT 13 2004

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

RECEIVED
OCT 15 2004
DIV. OF OIL, GAS & MINING

1. Article Addressed to:

DAVID L PENNEY
BOX 312
2400 E 30 S
BEAVER UT 84713-0312

JB DOGM M/001/057 10/8/04

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) 7099 3400 0016 8896 0587

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/001/057 10/8/04

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
DAVID L PENNEY
Street, Apt. No.; or PO Box No.
BOX 312 2400 E 30 S
City, State, ZIP+4
BEAVER UT 84713-0312

7099 3400 0016 8896 0587

UNITED STATES POSTAL SERVICE

PROVO UT 84605
PM
13 OCT
2004

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

Joelle Burns
State of Utah
Division of Oil, Gas and Mining
1594 West North Temple Suite 1210
Salt Lake City UT 84114-5801

ALL USE ZIP CODE

First Class Mail
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