CO

M/003/016

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:

WILLIAM BOWN
BONNEVILLE QUARRIES INC
842 WEST 400 NORTH
WEST BOUNTIFUL UT 84087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tristina Bown ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Tristina Bown C. Date of Delivery (8/15/05)?

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

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*) 7002 0510 0003 8602 8697

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

7002 0510 0003 8602 8697

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

OFFICIAL USE

MC-05-01-07(1), 8/12/05 8/12/05 Proposed Assess-

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

Postmark Here

Sent To
WILLIAM BOWN
Street, Apt. No.; or PO Box No.
842 WEST 400 NORTH
City, State, ZIP+4
WEST BOUNTIFUL UT 84087

PS Form 3800, January 2001 See Reverse for Instructions