7099 3400 0016 8896 2451

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

JB DOGM S/003/020 4/8/03

| | |
|---|---|
| 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)*
GARY MULLARD - NORTHERN STONE SUPPLY
*Street, Apt. No.; or PO Box No.*
203 W MAIN PO BOX 249
*City, State, ZIP+4*
OAKLEY ID 83346

PS Form 3800, February 2000 See Reverse for Instructions

**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:

GARY MULLARD
NORTHERN STONE SUPPLY
203 W MAIN
PO BOX 249
OAKLEY ID 83346

JB S/003/020 4/8/03

*COMPLETE THIS SECTION ON DELIVERY*

A. Received by *(Please Print Clearly)* B. Date of Delivery
Dee Anderson

C. Signature
X Dee Anderson ☐ Agent ☐ Addressee

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

OAKLEY ID 83346 APR 10 2003 USPS

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 *(Copy from service label)*
7099 3400 0016 8896 2451

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE

• 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 Ste 1210
Salt Lake City, UT 84114-5801

RECEIVED
APR 14 2003
DIV. OF OIL, GAS & MIN.

First-Class
Postage & F
USPS
Permit No.