m/003/025

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 W 400 N
WEST BOUNTIFUL UT 84087

JB DOGM M/003/025 & M/003/016 10/26/05

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) L. Olsen
C. Date of Delivery 10/28

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

RECEIVED
OCT 31 2005
DIV. OF OIL, GAS & MINING

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 8603 2915

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

OFFICIAL USE

JB DOGM M/003/016 10/26/05
M/003/025
5-Yr Review

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

Postmark Here

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

PS Form 3800, January 2001 See Reverse for Instructions

7002 0510 0003 8603 2915