UNITED STATES POSTAL SERVICE

SALT LAKE CITY UT 84 PM 22 AUG

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

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

RECEIVED

AUG 25 2003

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

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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

JB DOGM M/003/031 8/19/03

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)*
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, February 2000 See Reverse for Instructions

7099 3400 0016 8896 3557

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
842 W 400 N
WEST BOUNTIFUL UT 84087

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rody Olson C. Date of Delivery

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

BOUNTIFUL UT 84010-15 AUG 22 2003 USPS

2. Article Number (Transfer from service label) JB DOGM M/003/031 8/19/03 7099 3400 0016 8896 3557

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

4. Restricted Delivery? (Extra Fee) ☐ Yes