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:

JESSICA STURGES
LEXON INSURANCE CO
900 FRONTAGE RD STE 250
WOODRIDGE IL 60517

PB 8/1/2012 S0270089

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jessica Sturges ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Jessica Sturges C. Date of Delivery 8-9-12

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) 7011 0110 0001 3668 3629

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

TAUNITED STATES POSTAL SERVICE 04:11 AM

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

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

PENNY BERRY
STATE OF UTAH
DIVISION OF OIL GAS & MINING
PO BOX 145801
SALT LAKE CITY UT 84114-45801

RECEIVED
AUG 22 2012
DIV. OF OIL, GAS & MINING

7011 0110 0001 3568 3629

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

PB 8/1/2012 50470089

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

Authorization full release of Bond # 1008577

Postmark Here

Sent To

Street, Apt, or PO Box N

City, State, Z

JESSICA STURGES
LEXON INSURANCE CO
900 FRONTAGE RD STE 250
WOODRIDGE IL 60517

PS Form 3800, August 2006

See Reverse for Instructions