

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature: _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Restricted by (check all that apply): <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Required</p>
<p>1. Article addressed to:</p> <p>Amanda Smith, Executive Director Utah Department of Environmental Quality 195 North 1950 West P.O. Box 144810 Salt Lake City, UT 84114-4810</p>	<p>C. Date of Delivery: SEP 29 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(YES, enter delivery address below)</small></p> <p>E. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service): 7009 3410 0000 2592 4668</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 9500-10-000-1000</p>

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<p>1. Article addressed to:</p> <p>CT Corporation Registered Agent for Holcim, Inc 136 East South Temple, Suite 2100 Salt Lake City, UT 84111</p>	<p>C. Date of Delivery: SEP 29 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(YES, enter delivery address below)</small></p> <p>E. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service): 7009 3410 0000 2592 4569</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 9500-10-000-1000</p>