

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 2820 0001 4359 6019

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

SEP 29

Postmark  
Here

000281

Sent To  
 Street, or PO  
 City, St

LEATRICE M. WHITNEY ET AL. & JAMES A. ALSING ET AL.  
 C/O CONOCO PHILLIPS CO.  
 11232 PARK ST. STE. 300  
 PASO ROBLES, CA 93446

PS Form 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:

LEATRICE M. WHITNEY ET AL. & JAMES A. ALSING ET AL.  
 C/O CONOCO PHILLIPS CO.  
 11232 PARK ST. STE. 300  
 PASO ROBLES, CA 93446

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 LEO M 10/23/14

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) 7009 2820 0001 4359 6019