

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website

OFFICIAL

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt For (Endorsement Receipt) \_\_\_\_\_  
 Restricted Delivery (Endorsement) \_\_\_\_\_

Atlantic Richfield Company  
 (A BP Affiliated Company)  
 6 Centerpointe Drive, LPR6-161  
 La Palma, CA 90623-1066  
 Attn: Kyle Christie

000356

Street or PO \_\_\_\_\_  
 City, State \_\_\_\_\_

See Reverse for Instructions

PS Form 3806, July 2014

7014 2870 0001 3244 4-11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p style="text-align: center;">Atlantic Richfield Company          (A BP Affiliated Company)          6 Centerpointe Drive, LPR6-161          La Palma, CA 90623-1066          Attn: Kyle Christie</p>	<p>Address different from item 1? <input type="checkbox"/> Yes          If different, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>3. Service type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>7014 2870 0001 3244 4-</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>