

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7009 2820 0001 4359 8600

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

003140
 Postmark Here
 9/18

Leatrice M. Whitney ET AL. & James A. Alsing ET AL.
 c/o Conoco Phillips Co.
 11232 Park St. Ste. 300
 Paso Robles, CA 93446

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 checked="" type="checkbox"/> <i>Margaret McDevitt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>9/18</i></p>
<p>Leatrice M. Whitney ET AL. & James A. Alsing ET AL. c/o Conoco Phillips Co. 11232 Park St. Ste. 300 Paso Robles, CA 93446</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number: (Transfer from service label)</p>	<p>3. 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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