

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery
BILL BORGH CONOCOPHILLIPS 76 BROADWAY SACRAMENTO, CA 95818	D. Is delivery address different from tem 1? Yes If YES, enter delivery address below: No
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Transfer from service label) 7002 20	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1544

UNITED STATES POSTAL SERVICE



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

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

Environmental Health Services
Environmental Protection E

1131 Harbor Bay Pkwy, Suite 250

Alameda, CA 94502-6577

Attn: Barbara, RO#2967

JUN 2 7 2008

ENVIRONMENTAL HEALTH SERVICES

CENTER	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: Mr. Elias and Mrs. Elaine Adamopoulos Adamopoulos Southhampton Place Lafayette, CA 94549-2515 	Agent Addressee B. Received by (Printed Name) C. Date of Delivery C.
	3. Service Type Certified Mail
= -8	4. Restricted Delivery? (Extra Fee) ☐ Yes
	2 2030 0006 9574 1525
PS Form 3811, February 2004	nestic Return Receipt 102595-02-M-1540