

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

For delivery information visit [www.usps.com](#)

OFFICE

Postage

Certified Fee

Return Receipt (Endorsement Form)

Restricted Delivery (Endorsement)

Tr

Postmark Here

000066

7009 2820 0001 4359 7511

CONOCOPHILLIPS (PHILLIPS 66 COMPANY)  
 76 BROADWAY  
 SACRAMENTO, CA 95818  
 ATTN: ED RALSTON

PS Form 3800, August 2006 See Reverse for Instructions

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, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
CONOCOPHILLIPS (PHILLIPS 66 COMPANY) 76 BROADWAY SACRAMENTO, CA 95818 ATTN: ED RALSTON	B. Received by (Printed Name) <i>Ed Ralston</i>	C. Date of Delivery
	Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811 February 2004	Domestic Return Receipt	102595-02-M-1540

7009 2820 0001 4359 7511