

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

For delivery information visit our website at usps.com

OFFICE

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required)
 Restricted Delivery (Endorsement Required)

To: _____

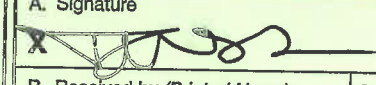
Street, or PO Box _____
 City, State, ZIP+4® _____

Postmark Here **000356**

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0003 1934 7576

ConocoPhillips
 76 Broadway
 Sacramento, CA 95818
 Attn: Liz Sewell

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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. ConocoPhillips 76 Broadway Sacramento, CA 95818 Attn: Liz Sewell		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		5. Delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, print delivery address below: _____	
		7011 3500 0003 1934 7576	
		Domestic Return Receipt	