

7004 2820 0001 4359 5937

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	OCT 06 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent to  
Street, or PO  
City, St  
PS Form 3811, February 2004

CONOCOPHILLIPS  
C/O: ED RALSTON  
76 BROADWAY  
SACRAMENTO, CA 95818

for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

CONOCOPHILLIPS  
C/O: ED RALSTON  
76 BROADWAY  
SACRAMENTO, CA 95818

2. Article Number  
(transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Ed Ralston

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

2007 - 9 28 14

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes