

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**

7009 2820 0001 4359 5357

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

Phillips 66 Company  
 76 Broadway  
 Sacramento, CA 95818  
 Attn: Ed Ralston

State  
 or  
 City

000455  
 000455

PS Form 3800, August 2006

See Reverse 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ed Ralston*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 6-22

1. Phillips 66 Company  
 76 Broadway  
 Sacramento, CA 95818  
 Attn: Ed Ralston

Is delivery address different from item 1?  Yes  No

3. Service type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7009 2820 0001 4359 5357

PS Form 3811, July 2013

Domestic Return Receipt