

UNITED STATES POSTAL SERVICE

SACRAMENTO CA 95811  
26 JUN 2008 PM 3 L

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  
1131 Harbor Bay Pkwy, Suite 250  
Alameda, CA 94522-6378  
Attn: Barbara, PRO#2968**

**RECEIVED**

JUN 27 2008

ENVIRONMENTAL HEALTH

**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:

**Bill Borgh  
ConocoPhillips  
76 Broadway  
Sacramento, CA 95818**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 1495

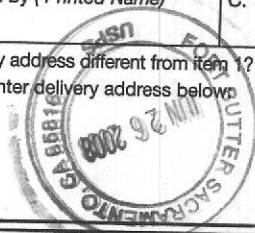
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery

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

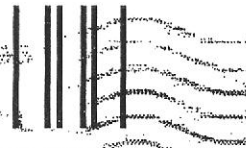
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



UNITED STATES POSTAL SERVICE  
ALAMEDA CA 945

26 JUN 2008 PM 7



First-Class Mail  
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Permit No. G-10

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

**Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Pkwy, Suite 250  
Alameda, CA 94502-6577  
Attn: Barbara, RC#2968**

**RECEIVED**  
JUN 27 2008

ENVIRONMENTAL HEALTH SERVICES



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>	<p>A. Signature <b>X</b> <i>Jank J Moorjani</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Jank J Moorjani</i> C. Date of Delivery <i>06/26/08</i></p>
<p>1. Article Addressed to:</p> <p><b>Jagdish M &amp; Jank J Moorjani Trust 2445 Castro Valley Boulevard Castro Valley, CA 94546-5119</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input 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.</p>
<p>2. Article Description (7)</p> <p>PS F</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> <p>102595-02-M-1540</p>