

UNITED STATES POSTAL SERVICE  
PALM SPRING CA 937

01 JUL 2008 PM 2 7

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 94502-6577  
Attn: Barbara, RO#2969

RECEIVED  
JUL 3 2008  
ENVIRONMENTAL HEALTH SERVICES

540



**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:

**ELLA M. COELHO TRUST  
COELHO GAS LLC  
18616 HIGHWAY 33E  
DOS PALOS, CA 93620**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 1549

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Deborah Coelho*

B. Received by (Printed Name)  
*Deborah Coelho*

C. Date of Delivery  
*7/1/08*

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

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  
SACRAMENTO CA 958

30 JUN 2008 PM 1 7

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**Environmental Health Services  
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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 <input checked="" type="checkbox"/> Agent <i>W. Aronias</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><b>BILL BORGH CONOCOPHILLIPS 76 BROADWAY SACRAMENTO, CA 95818</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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 2030 0006 9574 1532</p>