

**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.

Leatrice M. Whitney et al &  
James A. Alsing et al  
c/o: Conoco Phillips Co.  
11232 Park St. Ste. 300  
Paso Robles, CA 93446

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

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

Address different from item 1?  Yes  
or delivery address below:  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)

7011 3500 0003 1848 1561

PS Form 3811, July 2013

Domestic Return Receipt

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

For delivery information visit our website

7011 3500 0003 1848 1561

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

*083235*  
 Leatrice M. Whitney et al &  
 James A. Alsing et al  
 c/o: Conoco Phillips Co.  
 11232 Park St. Ste. 300  
 Paso Robles, CA 93446

Postmark Here

*003140*  
*003140*

Street or PO  
 City, State

PS Form 3800, August 2006

See Reverse for Instructions