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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

2/04/10
Postmark Here

Sent To
Stephen G. Ellison, Senior Counsel
ConocoPhillips Co.
2084 McLean
600 North Dairy Ashford
Houston, TX 77079-1175

Street, Apt. No., or PO Box No.
DOCKET NO.: CAA-08-2010-0007

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0729 5117

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:

FEB 4 2010

Stephen G. Ellison, Senior Counsel
ConocoPhillips Co.
2084 McLean
600 North Dairy Ashford
Houston, TX 77079-1175

DOCKET NO.: CAA-08-2010-0007

GT

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

2. 7008 3230 0003 0729 5117

CAFO

PS Form 3811, February 2004 Domestic Return Receipt