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:

ConocoPhillips
Cheryl Cobb
Specialist West Coast
3900 Kilroy West Coast
Suite 210
Long Beach, CA 90806

RECEIVED
07 NOV -9 AM 11:39
HEARINGS CLERK
EPA--REGION 10

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sandra E Peterson ☐ Agent ☑ Addressee

B. Received by (Printed Name) Sandra E Peterson
C. Date of Delivery 11/5/07

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

7001 2510 0003 7204 2954

TSCA-10-08-0031

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540