

U.S. Postal Service TM
CERTIFIED MAIL TM 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 <small>(Endorsement Required)</small> | | |
| Restricted Delivery Fee <small>(Endorsement Required)</small> | | |
| Total | | Janet McQuaid, Senior Counsel |

6/24/09
Postmark Here

| | |
|----------------------------------|--|
| Sent To | Janet McQuaid, Senior Counsel |
| <small>Street, or PO Box</small> | 10001 Louisiana Street, P. O. Box 2511 |
| <small>City, State</small> | Houston, TX 77002 |
| | DOCKET NO.: SDWA-08-2009-0045 |

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0729 7838

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right; font-weight: bold;">JUN 25 2009</p> <p>Janet McQuaid, Senior Counsel El Paso Energy Service co. 10001 Louisiana Street, P. O. Box 2511 Houston, TX 77002</p> <p>DOCKET NO.: SDWA-08-2009-0045</p> </div> <p style="text-align: center; font-size: 2em; font-weight: bold;">B</p> | <p>A. Signature</p> <p><i>[Signature]</i> 6/30 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; font-weight: bold;">JUN 30 2009</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type</p> <p><input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article N (Transfer) 7008 3230 0003 0729 7838 stay</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |