

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage		02/28/08	Postmark Here
Certified Fee			
Return Receipt Fee (Enrollment Required)			
Restricted Delivery Fee (Enrollment Required)			
Total Post		Arlene Valliquette Land & Regulatory Manager - North Division Merit Energy Company 13727 Noel Road, Suite 500 Dallas, TX 75240 DOCKET NO.: CWA-08-2007-0027	
PS Form 3811, August 2004 <span style="float: right;">See Reverse for Instructions</span>			

7007 1490 0001 4785 7015

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>1. Article Addressed to: <span style="font-size: 1.5em; color: blue;">FEB 29 2008</span></p> <p>Arlene Valliquette Land &amp; Regulatory Manager - North Division Merit Energy Company 13727 Noel Road, Suite 500 Dallas, TX 75240 DOCKET NO.: CWA-08-2007-0027 <span style="font-size: 2em; color: blue;">A</span></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Arnellia Vasquez</i> <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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 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. <span style="font-size: 1.5em;">7007 1490 0001 4785 7015</span> <span style="font-size: 2em; color: blue;">CAFD</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">102505-02-M-1940</span></p>	