

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

7009 3410 0000 2596 2073

Postage \$		11/3/11
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Deliv. (Endorsement R)	Christopher W. Armstrong XTO Energy 810 Houston Street Ft. Worth, TX 76102-6298	
Total Postage		
Sent To	DOCKET NO.: CAA-08-2011-0018	
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

PS Form 3800, August 2006

See Reverse for Instructions

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:

NOV 3 2011

Christopher W. Armstrong
 XTO Energy
 810 Houston Street
 Ft. Worth, TX 76102-6298

DOCKET NO.: CAA-08-2011-0018

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kenia Lacy - Brown* Agent
 Addressee

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

NOV 07 2011

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. Article (Transfer from PS Form 3800) 7009 3410 0000 2596 2073

order to Amend