

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** *Order to Amend*

7009 3410 0000 2599 0946

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*10/13/11*  
 Postmark  
 Here

Total Postage & Fee **Christopher W. Armstrong**  
**XTO Energy**

Sent To **810 Houston Street**  
 Street, Apt. No.; or PO Box No. **Ft. Worth, TX 76102-6298**  
 City, State, ZIP+4 **DOCKET NO.: CAA-08-2011-0018**

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:

**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  Agent  
 *Quely J. Swanson*  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

**OCT 13 2011**

*E*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 7009 3410 0000 2599 0946

*Order to Amend*