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

Order 4|8|14

Postage	$	
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		

7008 3230 0003 0726 3079

Sent To

Daniel Schnee, Senior Counsel
Legal Department El Paso Corp/Kinder Morgan
Two North Nevada Avenue
Colorado Springs, CO 80903

Street, A or PO B
City, Sta.

DOCKET NO.: CAA-08-2013-0016

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:

APR 10 2014

Daniel Schnee, Senior Counsel
Legal Department El Paso Corp/Kinder Morgan
Two North Nevada Avenue
Colorado Springs, CO 80903

DOCKET NO.: CAA-08-2013-0016

C   APR � 2014

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ ☐ Agent ☐ 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

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 N (Transfer   7008 3230 0003 0726 3079   *order*

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