

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

7008 3230 0003 0726 3390

Postage	\$	9/30/13
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total

Daniel Schnee, Senior Counsel
Legal Department-El Paso Corp/Kinder Morgan

Sent To
Street,
or PO Box
City, State

Two North Nevada Avenue
 Colorado Springs, CO 80903
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:

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

OCT 1 2013

2. A **7008 3230 0003 0726 3390**

(Transferred from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CA/FO