

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

6/15/2012

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

Postmark Here

Christopher Armstrong, Counsel
XTO Energy, Inc.
 810 Houston Street
 Ft. Worth, TX 76102
DOCKET NO.: CAA-08-2011-0018

Sent To
 Street, Apt. 1
 or PO Box N
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

7009 3410 0000 2596 2387

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Christopher Armstrong, Counsel XTO Energy, Inc. 810 Houston Street Ft. Worth, TX 76102 DOCKET NO.: CAA-08-2011-0018</p> </div> <p>2. Article (Tra) JUN 15 2012</p> <p style="font-size: 1.2em; font-weight: bold;">7009 3410 0000 2596 2387</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X Kenia Lacy - Brown</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em; font-weight: bold;">JUN 18 AM</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</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<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.
<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>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>							

Order Amending