

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2598 2125

Postage	\$	9/18/2012 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pos	Jessica Toll, Assistant General Counsel Kinder Morgan 370 Van Gordan Street/P. O. Box 281304 Lakewood, CO 80228-8304 DOCKET Nos.: CAA-08-2012-0013/0014	
Sent To Street, Apt. or PO Box # City, State, ZIP+4®		

PS Form 3800, August 2006

See Reverse for Instructions

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>S. McKay</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>McKay</i> 9-20-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>						
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Jessica Toll, Assistant General Counsel Kinder Morgan 370 Van Gordan Street/P. O. Box 281304 Lakewood, CO 80228-8304 DOCKET Nos.: CAA-08-2012-0013/0014 </div>	<p>3. Service Type</p> <table border="0"> <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						
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<p>2. 7009 3410 0000 2598 2125</p>	(3) CAA/FO						

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540