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Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Registered Delivery Fee <small>(Indoor)</small>		
Recipient: Janet McQuaid, Senior Counsel El Paso Energy Service Co. 1001 Louisiana Street/P. O. Box 2511 Houston, TX 77002		
Street or P.O. City, St.	DOCKET NO.: SDWA-08-2009-0045	

PS Form 3811, August 2004 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery JUL 21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: JUL 14 2009</p> <p>Janet McQuaid, Senior Counsel El Paso Energy Service Co. 1001 Louisiana Street/P. O. Box 2511 Houston, TX 77002</p> <p>DOCKET NO.: SDWA-08-2009-0045</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: 7008 3230 0003 0729 7975</p> <p><small>(Transfer from air-mail)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>