



P.O. Box 260
West Seneca, NY 14224
Phone: (716) 675-3275
Fax: (716) 675-0614

June 26, 2012

Secretary of the Commission
Keystone Building, 400 North Street
2nd Floor, Room N201
Harrisburg, PA 17120

Re: Change Docket Number A-125116

Dear Commission:

It has recently come to our attention that Crown Energy Services Inc's order states the following: Crown Energy Services Inc provides natural gas services to commercial customers in the service territory of National Fuel Gas Distribution Corporation.

After speaking with Mr. Mumford I understand that I can ask to have our application changed to add (**All of above**) to our existing application. I would like to make this change as soon as possible.

Please feel free to contact me if you have any questions.

Thank you for you continued business.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Hortman', is written over the typed name.

Derek Hortman
Operations Manager

CC: National Fuel Gas Distribution Corporation

RECEIVED
SECRETARY'S BUREAU

2012 JUN 29 AM 10: 03

RECEIVED

RECEIVED
 2012 JUN 29 AM 10:03
 FEDERAL
 SECRETARY'S BUREAU

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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: National Fuel Gas Distribution 6363 main Street Williamsalle NY 14221 Attn: David Wolford	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input 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.	
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	

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

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75



7011 2970 0002 8415 6027

Sent To

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



P.O. Box 260
West Seneca, NY 14224

RECEIVED
2012 JUN 29 AM 10:03

P.U.C.
SECRETARY'S BUREAU

BUFFALO NY 142

26 JUN 2012 PM 8 L



Secretary of the Commission
Keystone Building, 400 North Street
2nd Floor, Room N201
Harrisburg, PA 17120

17120020202

