

PU-13-871

Black Ice Software LLC

BLACK ICE  
Demo version  
Driver Demo

SENDER: COMPLETE THIS SECTION THIS SECTION ON DELIVERY

- 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:

MATTHEW H. OLSON, ATTORNEY FOR  
CAPITAL ELECTRIC COOPERATIVE INC  
PRINGLE & HERIGSTAD PC  
PO BOX 1000  
MINOT ND 58702-1000

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Ray Hinds* C. Date of Delivery *9-23-14*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Service Type

Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7013 2250 0001 0313 8846**

PS Form 3811, July 2013 Domestic Return Receipt