

SENDER: COMPLETE THIS SECTION

- 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:

Ms. Casey Jacobson, Attorney
 Basin Electric Power Cooperative
 1717 East Interstate Avenue
 Bismarck, ND 58503
Cert. No. 7014 1820 0001 3262 8238
PU-11-692

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery**

7-17-15

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

3. Service Type Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery**4. Restricted Delivery? (Extra Fee)** Yes**Cert. No. 7014 1820 0001 3262 8238**

PU-11-692

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

North Dakota Public Service Commission
600 E. Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

79

PU-11-692

Filed: 7/20/2015 Pages: 2

Return receipt - 7014-1820-0001-3262-8238

USPS

