

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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. 7015 0640 0006 6433 4186**  
**PU-11-692**



9590 9401 0059 5071 4557 85

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*J. Davis*

Agent

Addressee

B. Received by (Printed Name)

*J. Davis*

C. Date of Delivery

*10-2-15*

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

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 Return receipt – 7015-0640-0006-6433-4186  
 USPS

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

02 OCT 2015 PM 1 L

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

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

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

86

PU-11-692

Filed: 10/5/2015 Pages: 2

Return receipt – 7015-0640-0006-6433-4186

USPS

E C E I V E D

OCT 5 2015

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

9590 9401 0059 5071 4557 85