

PU-11-696

**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,

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*J. Jacobson*

C. Date of Delivery

Is different from item 1?  Yes

Delivery address below:  No

1.

CASEY JACOBSON  
 BASIN ELECTRIC POWER COOPERATIVE  
 1717 EAST INTERSTATE AVE.  
 BISMARCK ND 58503

3. 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 2630 0001 2317 0965

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 •

ND Public Service Commission  
600 E Boulevard Ave. Dept. 408  
Bismarck ND 58505-0480



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Return receipt - 7013-2630-0001-2317-0965

USPS

