

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

Casey Jacobson
 Basin Electric Power Cooperative
 1717 East Interstate Ave.
 Bismarck ND 58503
 Cert. No. 7015 0920 0001 6792 1589
 PU-11-696



9590 9401 0059 5071 4555 25

2. Article Number (Transfer from service label)

Cert. No. 7015 0920 0001 6792 1589

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- X
- B. Received by (Printed Name) C. Date of Delivery
- 9-4-15
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

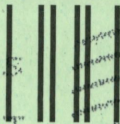
201 PU-11-696 Filed 09/08/2015 Pages: 2
 Return receipt – 7015-0920-0001-6792-1589
 USPS

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

pu-11-696

UNITED STATES POSTAL SERVICE
BISMARCK ND 585

04 SEP 2015 PM 1 T



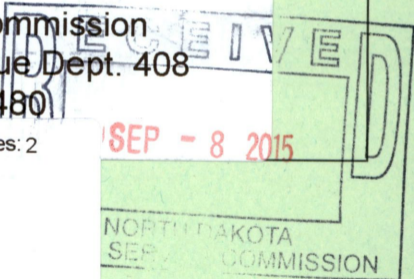
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- 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

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Return receipt - 7015-0920-0001-6792-1589

USPS



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