

PU-12-790

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, *over the front if possible.*

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

J. Haas

C. Date of Delivery

Address different from item 1? Yes

delivery address below: No

CASEY JACOBSON
 BASIN ELECTRIC POWER COOPERATIVE
 1717 EAST INTERSTATE AVENUE
 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 0842

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

01 APR 2014 PM 1T



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



37

PU-12-790

Filed: 4/2/2014

Pages: 2

Return receipt – Order

USPS

