

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:

Peter E. Karney, Esq.
 Corporate Solutions Claims
 Washington International Insurance Company
 475 North Martingale Road – Suite 850
 Schaumburg, IL 60173
 Certified Mail No. 7013 2630 0001 2317 1979
 GE-13-193 04-01-2014

2. Article Number

(Transfer from service label)

7013 2630 0001 2317 1979

PS Form 3811, February 2004

Domestic Return Receipt

GE 13-193

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4

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

DARIN J. RICHARDSON

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

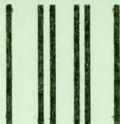
 Yes

UNITED STATES POSTAL SERVICE

CAROL STREAM

IL 601

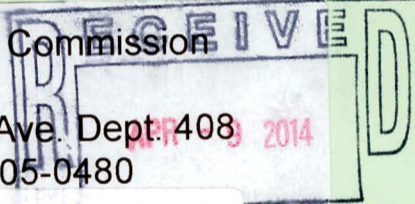
05 APR '14



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
Attn: Licensing
600 E. Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480



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GE-13-193

Filed: 4/9/2014

Pages: 2

Return receipt - Notice of Hearing

AKOTA
COMMISSION

USPS

