

PU-13-898

RECIPIENT: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse side of this card so that we can return the card to you. Attach this card to the back of the mailpiece, with the front of this card facing forward, if space permits.

Name Addressed to:

CITY OF VALLEY CITY
254 2ND AVE NE
VALLEY CITY ND 58072

COMPLETE THIS SECTION ON DELIVERY

A. Signature Joy Kiefert Agent Addressee
X

B. Received by (Printed Name) Joy Kiefert C. Date of Delivery 1-27-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Tracking Number (Transfer from service label)

7013 2630 0001 2317 0316

Form 3811, July 2013

Domestic Return Receipt

6 PU-13-898 Filed 01/23/2014 Pages: 1
Return receipt - Notice of Filing, Notice of Informal Hearing and Notice of Opportunity for Hearing