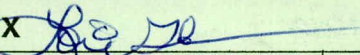


Return receipt – Order  
USPS


PU-13-898  
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

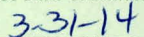
X   Agent  
 Addressee

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.

B. Received by (Printed Name)



C. Date of Delivery



1. Article Addressed to:

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

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

2. Article Number  
(Transfer from service label)

7013 2630 0001 2317 0828

UNITED STATES POSTAL SERVICE



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

03 APR 2014 PM 2 L

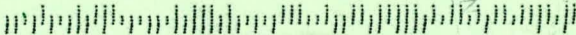
- Sender: Please print your name, address, and ZIP+4® in this box •

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

PUBLIC SERVICE COMMISSION  
NORTH DAKOTA

APR 2 2014

RECEIVED



PU-13-898

**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:

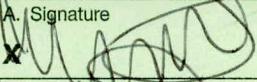
WILLIAM SCHLOSSMAN, JR.  
 VOGEL LAW FIRM  
 PO BOX 1389  
 FARGO ND 58107-1389

2. Article Number  
(Transfer from service label)

7013 2630 0001 2317 0804

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

X 

B. Received By (Printed Name) C. Date of Delivery

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

033114

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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



PU-13-898

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-31-14

Address different from item 1?  Yes  
 Delivery address below:  No

1. SCOTT HANDY  
 CASS COUNTY ELECTRIC COOP.  
 3312 42ND ST. S. SUITE 200  
 FARGO ND 58104

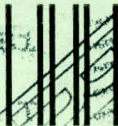
- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7013 2630 0001 2317 0811

UNITED STATES POSTAL SERVICE



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

31 MAR 2014 PM 1:00

• 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

