

PU 14-249

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:

**Everette Hall
Box 961
New Town, ND 58763**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dawn M Hall*

- Agent
 Addressee

B. Received by (Printed Name)

Dawn M Hall

C. Date of Delivery

12/18/14

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

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Return receipt – 7014-0150-0000-4831-4745
USPS

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)

7014 0150 0000 4831 4745

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

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Return receipt – 7014-0150-0000-4831-4745

USPS

