

PV-14-622 - Letter

**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:

USAC  
Vice President, High Cost and Low Income Division  
2000 L Street, NW, Suite 200  
Washington DC 20036

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

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

Received  
SEP 29 2014

USAC

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 2250 0001 0313 8884

UNITED STATES POSTAL SERVICE

MD 207

29 SEP '14

PM 1 L

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 Avenue Dept. 408  
Bismarck ND 58505-0480

53 PU-14-622 Filed: 10/2/2014 Pages: 2  
Return receipt - 7013-2250-0001-0313-8884

USPS