

PU-14-689

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:

**LAWRENCE BENDER
 DANIELLE KRAUSE
 ATTORNEYS FOR CALIBER MIDSTREAM PARTNERS
 1133 COLLEGE DRIVE, SUITE 1000
 BISMARCK, ND 58501**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kim Nage*

- Agent
- Addressee

B. Received by (Printed Name)

Kim Nage

C. Date of Delivery

4-13-15

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

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 Return receipt – 7014-1820-0001-3262-8580
 USPS

3. Service Type

- 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)

7014 1820 0001 3262 8580

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 Avenue Dept. 408
Bismarck, ND 58505-0480

APR 14 2015
NORTH DAKOTA PUBLIC SERVICE COMMISSION

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