

PK-14-701

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:

Donald Franklund
 Mor-Gran-Sou Electric Cooperative, Inc.
 PO Box 297
 Flasher ND 58535-0297

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

John Tochim

- Agent
 Addressee

B. Received by (Printed Name)

Jolene Tochim

C. Date of Delivery

FLASHER ND 58535

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

SEP 19 2014

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 8785

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

19 SEP 2014 PM 1 T

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 – 7013-2250-0001-0313-8785

USPS