

PU 14-714

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:

DANIEL COMTE
KNIFE RIVER CORPORATION
5654 134TH AVE. NW
WILLISTON, ND 58801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
 Addressee

B. Received by (Printed Name)

Tom Hughes

C. Date of Delivery

3-23-15

D. Is delivery address different from item 1? Yes

- Yes
 No

10 PU-14-714 Filed 03/26/2015 Pages: 2
 Return receipt - 7014-1820-0001-3262-7743
 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 1820 0001 3262 7743

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

10 **PU-14-714** Filed: 3/26/2015 Pages: 2
Return receipt – 7014-1820-0001-3262-7743

USPS

RECEIVED
MAR 26 2015
ND PUBLIC SERVICE COMMISSION

