

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

DEAN E. KOCHIMANN

D. Is delivery address different from item 1?  Yes No

If YES, enter delivery address below:

 No**Scott Handy****Cass County Electric Cooperative Inc****4100 32nd Ave. SW****Fargo, ND 58104**

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Return receipt – 7014-0150-0000-4832-0029

USPS

 Certified Mail Priority Mail Express Registered Return Receipt for Merchandise Insured Mail Collect on Delivery

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4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7014 0150 0000 4832 0029

UNITED STATES POSTAL SERVICE  
PARSO ND 581

10 NOV 2014 PM 2 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 Avenue Dept. 408  
Bismarck, ND 58505-0480

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USPS