

PU 14-830

**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:

**MATTHEW H. OLSON**  
**ATTORNEY FOR CAPITAL ELECTRIC COOPERATIVE**  
**PRINGLE & HERIGSTAD, P.C.**  
 2525 ELK DRIVE  
 P O BOX 1000  
 MINOT, ND 58702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Larry Hinds

C. Date of Delivery

1-12-15

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

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 Return receipt – 7014-1820-0001-3262-7651  
 USPS

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

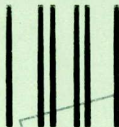
Yes

2. Article Number

(Transfer from service label)

7014 1820 0001 3262 7651

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

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USPS

