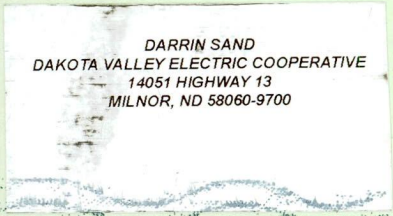


Pu 15-57

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:



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dayna Speich

- Agent
- Addressee

B. Received by (Printed Name)

Dayna Speich

C. Date of Delivery

2/20/15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

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 Return receipt – 7014-1820-0001-3262-8375
 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 8375

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

PUBLIC SERVICE DAY
FEB 24 2015
RECEIVED

6

PU-15-57

Filed: 2/24/2015

Pages: 2

Return receipt – 7014-1820-0001-3262-8375

USPS