

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.

Art

Dale L. Haugen
Mountrail Williams Electric Cooper
Box 1346
Williston, ND 58802-1346
Cert. No. 7015 0920 0001 6791 8442
PU-15-227

9 PU-15-227 Filed 08/07/2015 Pages: 2
Return receipt – 7015-0920-0001-6791-8442
USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Wendy Johnson

Agent

Address

B. Received by (Printed Name)

Wendy Johnson

C. Date of Delivery

8-5-15

D. Is delivery address different from item 1? Yes

No

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

Article Number

(Transfer from

Cert. No. 7015 0920 0001 6791 8442

PU-15-227

Form 3811 July 2012

UNITED STATES POSTAL SERVICE

05 AUG 2015 PM 2 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

North Dakota Public Service Commission
600 E. Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

RECEIVED

AUG - 7 2015

9

PU-15-227

Filed: 8/7/2015

Pages: 2

Return receipt - 7015-0920-0001-6791-8442

USPS

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

