

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.

Article

Dale L. Haugen
Mountrail Williams Electric Coop
Box 1346
Williston, ND 58802-1346
Cert. No. 7015 0920 0001 6791 8466
PU-15-228

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

If YES, enter delivery address below: No

9 PU-15-228 Filed 08/07/2015 Pages: 2
Return receipt – 7015-0920-0001-6791-8466
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

Article Number
(Transfer from)

Cert. No. 7015 0920 0001 6791 8466

pu-15-228

UNITED STATES POSTAL SERVICE
BISMARCK ND 585

05 AUG 2015 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•

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

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Return receipt – 7015-0920-0001-6791-8466

USPS

