

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mark Cahoon
 Registered Agent for Cahoon Enterprises LLC
 PO Box 127
 Ray, ND 58849-0127
Cert. No. 7015 3010 0000 6559 9685
PU-15-406

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jill Spencer

- Agent
- Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

4/25/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 Return receipt – 7015-3010-0000-6559-9685
 USPS



9590 9402 1366 5285 5129 70

2. Article Number (*Transfer from service label*)

Cert. No. 7015 3010 0000 6559 9685

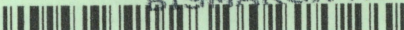
3. Service type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #

BISMARCK ND 585



First-Class Mail
Postage & Fees Paid
USPS
Permit No. 910

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Return receipt – 7015-3010-0000-6559-9685

USPS

9.
Unit
Post

ZIP+4® in this box®

RECEIVED
APR 27 2016
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
600 E. Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

