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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Addressee
■ Attach this card to the back of the mailpiece,	B. Redeived by (Printed Name) C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?  Yes
	If YES, enter delivery address below:
Maggie Olson Senio Staff Counsel	//
Basin Electric Power Cooperative	
1717 - st Interstate Avenue Bismarck, ND 58503	
Cert. 30. 9589 0710 5270 0129 6623 46 Case No. PU-24-361	
Case No. F0-24-301	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
9590 9402 8809 4005 0831 33	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
9589 0710 5270 0129 6623 46	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	111111
USPS TRACKING#	First-Class Mail
Postage & Fees Paid USPS	
	Permit No. G-10
9590 9402 8809 4005 0831 33	
United States Sender: Please print yo	our name, address, and ZIP+4® in this box
Postal Service	
ND Collins	
ND Public Service Commission	
Attn: Public Utilities Division  600 E Boulevard Ave. Dept. 408  Bismarck, ND 58505-0480	
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