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**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
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**OFFICIAL USE**

7008 3230 0003 0727 6789

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Andy Cramer, Vice President</b> Total F <b>Knife River Corporation</b> 5654 134 <sup>th</sup> Avenue NW Williston, ND 58801	
Sent To	DOCKET NO.: CWA-08-2015-0004
Street, # or PO Box	
City, Sta	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>Andy Cramer, Vice President</b> <b>Knife River Corporation</b> 5654 134 <sup>th</sup> Avenue NW Williston, ND 58801  DOCKET NO.: CWA-08-2015-0004	B. Received by (Printed Name) <b>ANNETTE WARREN</b>	C. Date of Delivery <b>02/02/2015</b>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <p style="text-align: center; font-size: 1.2em;">JAN 27 2015</p>	
2. Art (Tr) <b>7008 3230 0003 0727 6789</b>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
CAIRO		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		