

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.

1. Article Addressed to:

#SDWA-08-2015-0053

SEP 30 2015

CT Corp. System, Registered Agent
PacifiCorp Energy
388 State Street #420
Salem, OR 97301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Darise Wipper

Agent

Addressee

B. Received by (Printed Name)

Darise Wipper

C. Date of Delivery

OCT 05 2015

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7009 3410 0000 2600 9104