

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

7012 2210 0000 5369 9988

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

*CAFO 7/31/18*  
 Postmark Here

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+  
 PS Form 3800, A

Anine Merkens  
 Basin Electric Power Cooperative  
 1717 East Interstate Avenue  
 Bismarck, ND 58503  
 CAA-08-2018-0009

**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: **AUG 01 2018**

Anine Merkens  
 Basin Electric Power Cooperative  
 1717 East Interstate Avenue  
 Bismarck, ND 58503  
 CAA-08-2018-0009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. 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) **7012 2210 0000 5369 9988**