10-149-TR-CVF

FILE

RECEIVED-DOCKETING DIV

2010 APR -5 PM 3:00

PUCO

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:

BECKNALL, PETER S
114 2ND AVENUE NE
ELGIN ND 58533-7014

COMPLETE THIS SECTION FOR DELIVERY

A. Signature
X Jo Anne Marcks ☐ Agent ☐ Addressee

B. Received by (Printed Name) JoAnne MarcKS
C. Date of Delivery 3/30/10

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) 7002 2410 0000 1632 4965

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician SMS Date Processed APR 05 2010