

**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:

**ANDREW J. PIEPER  
SARAH JOHNSON PHILLIPS  
STOEL RIVES LLP  
33 SOUTH SIXTH STREET, SUITE 4200  
MINNEAPOLIS, MN 55402**

2. Article Number

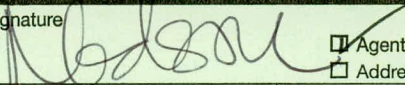
(Transfer from service label)

7014 0150 0000 4832 0081

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

Madison Ave

C. Date of Delivery

11.12.14

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 No

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Return receipt – 7014-0150-0000-4832-0081  
USPS

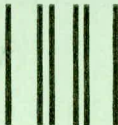
3. Service Type

 Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

ND Public Service Commission  
600 E Boulevard Avenue Dept. 408  
Bismarck, ND 58505-0480

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Return receipt – 7014-0150-0000-4832-0081

USPS