

PU-08-932

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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Can R

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

IF YES, enter delivery address below No

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 Return receipt – 7014-1820-0001-3262-7545
 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

2. Article Number

(*Transfer from service label*)

7014 1820 0001 3262 7545

MINNEAPOLIS

UNITED STATES POSTAL SERVICE

29 DEC '14

PM 4 L



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 – 7014-1820-0001-3262-7545

USPS

