

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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jessi Vollmer

Agent

Addressee

B. Received by (Printed Name)

Jessi Vollmer

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

188 PU-08-932 Filed 06/09/2015 Pages: 2
Return receipt – 7014-0150-0000-4831-4820
USPS

Andrew J Pieper
Stoel Rives LLP
33 South Sixth Street, Suite 4200
Minneapolis, MN 55402

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 0150 0000 4831 4820

UNITED STATES POSTAL SERVICE IS

MN 554

04 JUN '15

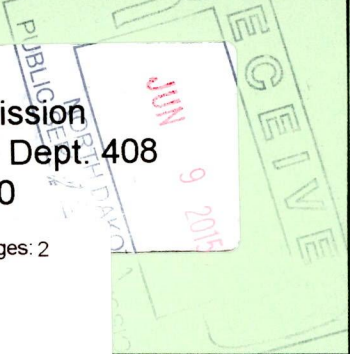
PM 3 L



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



188 PU-08-932 Filed: 6/9/2015 Pages: 2
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