

pu-08-932

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. A

Sara E. Bergan
 Stoel Rives LLP
 33 South Sixth Street, Suite 4200
 Minneapolis, MN 55402
Cert. No. 7016 1970 0001 1484 4177
Case No. PU-08-932

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sara E. Bergan* Agent Addressee

B. Received by (*Printed Name*)
Sara E. Bergan

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 2326

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 Return receipt - 7016-1970-0001-1484-4177
 USPS

2. Article Number (*Transfer from service label*)

Cert. No. 7016 1970 0001 1484 4177

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

pu-08-932

USPS TRACKING #



9590 9402 2326 6225 4250 45

United States
Postal Service

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

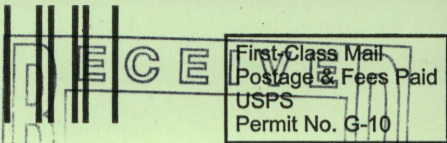
PUBLIC SERVICE COMMISSION

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

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MAY 19 2017

