

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. Article Addressed to:**

Sara E. Bergan  
 Sarah Johnson Phillips  
 Stoel Rives LLP  
 33 South Sixth Street, Suite 4200  
 Minneapolis, MN 55402  
**Cert. No. 7017 2400 0001 0890 3813**



9590 9402 3024 7124 65

**2. 7017 2400 0001 0890 3813**

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X** *Alison Scott*

- Agent
- Addressee

**B. Received by (Printed Name)**

*Alison Scott*

**C. Date of Delivery**

**D. Is delivery address different from item 1? If YES, enter delivery address below:**

- Yes
- No

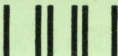
241 PU-08-932 Filed 11/24/2017 Pages: 2  
 Return receipt - 7017-2400-0001-0890-3813  
 USPS

- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Signature Confirmation
- Signature Confirmation Restricted Delivery

pu-08-932

USPS TRACKING #



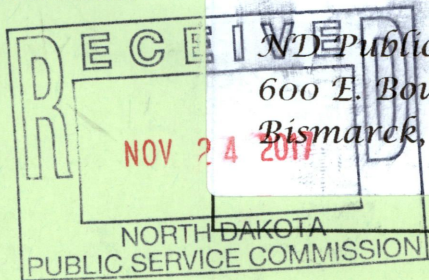
**241** **PU-08-932** Filed: 11/24/2017 Pages: 2  
Return receipt - 7017-2400-0001-0890-3813

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

USPS

and ZIP+4® in this box\*

Postal Service



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