

PU-11-69

**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.

Mollie Smith  
 Fredrikson & Byron, P. A.  
 200 South Sixth Street Suite 4000  
 Minneapolis, MN 55402-1425  
**Cert. No. 7016 1970 0001 1484 4146**  
**Case No. PU-11-69**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- 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



9590 9402 1375 5200 0110 00

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

**Cert. No. 7016 1970 0001 1484 4146**

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 Return receipt - 7016-1970-0001-1484-4146  
 USPS

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

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Filed: 5/19/2017

Pages: 2

Return receipt - 7016-1970-0001-1484-4146

USPS

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

RECEIVED

MAY 19 2017

United States  
Postal Service

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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