

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.

1.

Mollie Smith  
 Fredrikson & Byron, P. A.  
 200 South Sixth Street Suite 4000  
 Minneapolis, MN 55402-1425  
**Cert. No. 7017 2400 0001 0889 8577**  
**Case No. PU-11-69**



9590 9402 3634

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 Return receipt - 7017-2400-0001-0889-8577  
 USPS

2. Article Number (Transfer from service label)

**7017 2400 0001 0889 8577**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*J. McNaughton*

Agent

Addressee

B. Received by (Printed Name)

Jane McNaughton

C. Date of Delivery

4/9/18

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

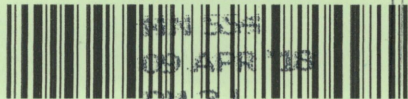
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PU-11-69

USPS TRACKING#

MINNEAPOLIS



09 APR 18  
PM 3 L

9590 9402 3634 7305 8619 92

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

RECEIVED  
APR 12 2018

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 58103-180*

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