

-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. Article Number

Mollie Smith
 Fredrikson & Byron, P. A.
 200 South Sixth Street Suite 4000
 Minneapolis, MN 55402-1425
Cert. No. 7017 2400 0001 0889 9598



9590 9402 3634

2. Article Number (Transfer from service label)

7017 2400 0001 0889 9598

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jolley

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

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 Return receipt - 7017-2400-0001-0889-9598
 USPS

- 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 #

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

132

PU-11-69

Filed: 5/21/2018

Pages: 2

Return receipt - 7017-2400-0001-0889-9598

USPS

and ZIP+4® in this box*

RECEIVED
MAY 21 2018

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

