

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 W. Folley 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

Mollie Smith
 Fredrikson & Byron, P. A.
 200 South Sixth Street Suite 4000
 Minneapolis, MN 55402-1425
Cert. No. 7018 0680 0001 3737 6960
 Case No. PU-11-69



9590 9402 3557 75

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 Return receipt – 7018-0680-0001-3737-6960
 USPS

2. Article Number (*Transfer from service label*)
7018 0680 0001 3737 6960

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

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USPS TRACKING #



188

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Return receipt - 7018-0680-0001-3737-6960

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

9590 94

USPS

United States
Postal Service

NORTH DAKOTA
SERVICE COMMISSION

DEC 31 2018

RECEIVED

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

12/27

