



**Public Service Commission**  
State of North Dakota

COMMISSIONERS

Tony Clark  
Brian P. Kalk  
Kevin Cramer

Executive Secretary  
Darrell Nitschke

600 East Boulevard, Dept. 408  
Bismarck, North Dakota 58505-0480  
Web: www.psc.nd.gov  
E-mail: ndpsc@nd.gov  
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Fax: 701-328-2410  
TDD: 800-366-6888 or 711

April 27, 2012

Kathy Ouren  
Clerk of the District Court  
Cass County Courthouse  
PO Box 2806  
Fargo, ND 58108-2806

**RE: Public Service Commission vs. Anderson Seed Co., Inc.**  
**CIVIL NO. 09-2012-CV-00693**

**PSC Case No. GE-12-78**

Dear Ms. Ouren:

Enclosed for filing in the above proceeding please find the following certified mail return receipt cards:

<b>Name</b>	<b>Return Receipt No.</b>	<b>Affidavit of Service Date</b>
Gary Leistico	7011 2000 0002 0363 3790	February 29, 2012
Ronald Anderson	7011 2000 0002 0363 3806	February 29, 2012
Chuck Gimbel	7009 2820 0002 9237 5367	March 1, 2012
Gary Leistico	7009 2820 0002 9237 5374	March 2, 2012
Ronald Anderson	7009 2820 0002 9237 5381	March 2, 2012
Chuck Gimbel	7009 2820 0002 9237 5398	March 2, 2012
Gary Leistico	7011 2000 0002 0363 2779	March 28, 2012
Gary Leistico	7011 2000 0002 0363 2793	April 12, 2012
Chuck Gimbel	7011 2000 0002 0363 2816	April 12, 2012

If you have any questions, please do not hesitate to contact us. Thank you for your assistance in this matter.

Sincerely,

  
Illona A. Jeffcoat-Sacco (ID #03315)  
Special Assistant Attorney General

Enclosures

GE-12-78

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Gary Leistico  
 Attorney at Law  
 1015 West St. Germain Street  
 US Bank Plaza Suite 300  
 St. Cloud, MN 56302  
 Cert. No. 7011 2000 0002 0363 3790

2. Article Number

(Transfer from service label) 7011 2000 0002 0363 3790

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Gary Leistico*

B. Received by (Printed Name)  Agent  
*Gary Leistico*

C. Date of Delivery  Addressee  
 3/2/12

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

GE-12-78

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Ronald Anderson  
~~Route 1 Box 299~~ 1246 Maple Hill Dr  
 Mentor, MN 56736  
 Cert. No. 7011 2000 0002 0363 3806

2. Article Number

(Transfer from service label) 7011 2000 0002 0363 3806

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

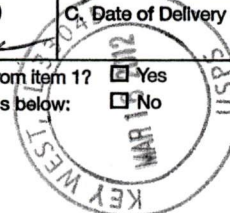
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Ronald Anderson*

B. Received by (Printed Name)  Addressee  
*Ronald Anderson*

C. Date of Delivery  Addressee  
 3/2/12

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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- 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:

Chuck Gimbel, Registered Agent for  
Anderson Seed Co., Inc.  
PO Box 201  
Mentor, MN ~~55751~~ **56736**  
Cert. No. 7009 2820 002 9237 5367

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*X Stephen Anderson*
- B. Received by (Printed Name) *Stephen Anderson* C. Date of Delivery *3-26-12*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) *7009 2820 0002 9237 5367*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*GE-12-78*

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary Leistico  
Attorney at Law  
1015 West St. Germain Street  
US Bank Suite 300  
St. Cloud, MN 56302  
Cert. No. 7009 2820 0002 9237 5374

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*X Gary Anderson*
- B. Received by (Printed Name) *Larry Anderson* C. Date of Delivery *7/5/12*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) *7009 2820 0002 9237 5374*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

00-10-10

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Ronald Anderson  
 Route 1 Box 297  
 Mentor, MN 56736  
 Cert. No. 7009 2820 0002 9237 5381

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

C. Date of Delivery *3-12-12*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) *7009 2820 0002 9237 5381*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*GE-12-78*

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- 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:

Chuck Gimbel, Registered Agent for  
 Anderson Seed Co., Inc.  
 Hwy 12 N PO Box 201  
 Mentor, MN 55636-0201  
 Cert. No. 7009 2820 0002 9237 5398

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

C. Date of Delivery *3/19/12*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) *7009 2820 0002 9237 5398*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- 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:

Gary Leistico  
 Attorney for Anderson Seed Co., Inc.  
 1015 West St. Germain Street  
 US Bank Plaza Suite 300  
 St. Cloud, MN 56302  
 Cert. No. 7011 2000 0002 0363 2779

2. Article Number

(Transfer from service label)

7011 2000 0002 0363 2779

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

04-12-12

GE-12-78

**SENDER: COMPLETE THIS SECTION**

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- 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:

Gary Leistico  
 Attorney for Anderson Seed Co., Inc.  
 Suite 300 US Bank Plaza  
 1015 West St. Germain Street  
 St. Cloud, MN 56302  
 Cert. No. 7011 2000 0002 0363 2793

2. Article Number

(Transfer from service label)

7011 2000 0002 0363 2793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION****LIVERY**

A. Signature

X *Brenda Janner* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/30

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**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?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chuck Gimbel  
 Registered Agent for Anderson Seed  
 147 Main St.  
 PO Box 265  
 Hazelton, ND 58544-0265  
 Cert. No. 7011 2000 0002 0363 2816

*correct #*

A. Signature

*X Chuck Gimbel*

Agent

Addressee

B. Received by (Printed Name)

*CHUCK GIMBEL*

C. Date of Delivery

*4-13-12*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

*7011 2000 0002 0363 2816*