

65-13-712

**SENDER: COMPLETE THIS SECTION**

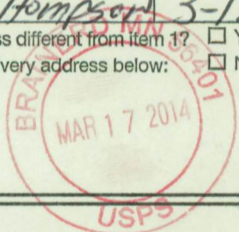
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X *Kathy Thompson*

B. Received by (Printed Name) C. Date of Delivery  
*KATITY Thompson* *3-17-14*

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



TOM THOMPSON  
 TOM'S BACKHOE SERVICE, INC.  
 323 WOODLAND HILLS LN  
 BRAINERD MN 56401-6514

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

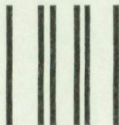
7013 2630 0001 2317 0767

UNITED STATES POSTAL SERVICE

MINNEAPOLIS  
MN 554

18 MAR '14

PM 6 L



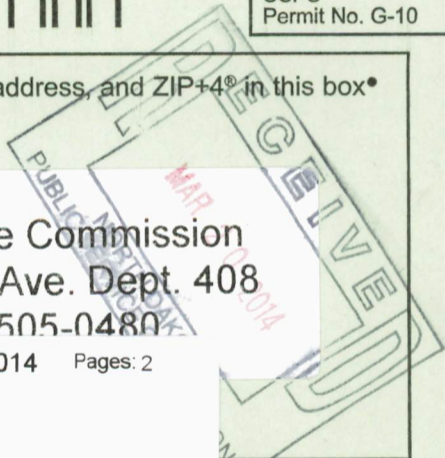
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

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

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Return receipt - Notice of Hearing

USPS



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