

PU-13-900

**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,

A. Signature  
 X *Cheri J. Finseth*  Agent  
 Addressee

B. Received by (*Printed Name*) *Cheri J. Finseth* C. Date of Delivery *1-21-14*

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

CAROLE L. SCHMIDT  
 GREAT RIVER ENERGY  
 12300 ELM CREEK BOULEVARD  
 MAPLE GROVE MN 55369-4718

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 0309

UNITED STATES POSTAL SERVICE



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 Avenue Dept. 408  
Bismarck. ND 58505-0480

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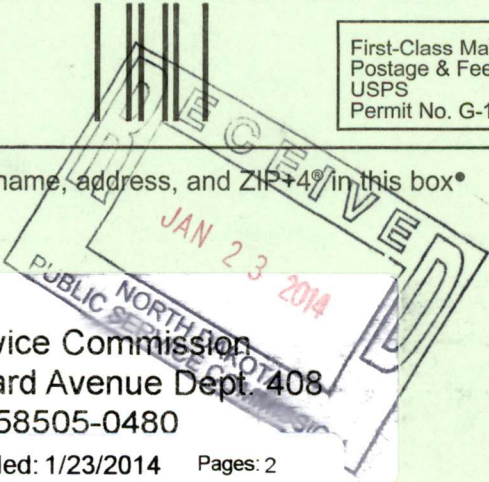
**PU-13-900**

Filed: 1/23/2014

Pages: 2

**Return receipt - Notice of Filing and Notice of  
Opportunity for Hearing**

US Post Office



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