

PU-13-901

**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,

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Norma Eslinger*

Agent

Addressee

B. Received by (Printed Name)

*Norma Eslinger*

C. Date of Delivery

*1-31-14*

address different from item 1?  Yes

inter delivery address below:  No

JILLIAN RUPNOW  
 FREDRIKSON & BYRON, P.A.  
 200 NORTH THIRD STREET, SUITE 150  
 BISMARCK ND 58501

6 PU-13-901 Filed 02/03/2014 Pages: 1  
 Return receipt - Notice of Opportunity for  
 Hearing  
 USPS

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 0545