

PU-14-730

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:

**Lawrence Bender
 Fredrickson & Byron, P.A.
 1133 College Drive, Suite 1000
 Bismarck, ND 58501**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Madelyn Kuffleson

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

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 Return receipt – 7014-0150-0000-4832-0111
 USPS

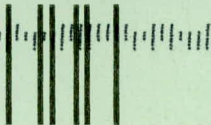
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7014 0150 0000 4832 0111

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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USPS

