

PU 14-840

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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Madelyn Kuffleson

C. Date of Delivery

2-19-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

LAWRENCE BENDER
 FREDRIKSON & BYRON, P.A.
 1133 COLLEGE DRIVE, SUITE 1000
 BISMARCK, ND 58501-1215

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 Return receipt – 7014-1820-0001-3262-8351
 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 1820 0001 3262 8351

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

NORTH DAKOTA
PUBLIC SERVICE COM

FEB 23 2015

RECEIVED

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