

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:

Joel Arneson
 Rosenquist & Arnason, PLLP
 301 North Third Street, Suite 300
 Grand Forks, ND 58203
 Cert. No. 7014 1820 0001 3262 8337

2. Article Number
(Transfer from service label)

Cert. No. 7014 1820 0001 3262 8337

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rachel Johnson Agent
 Addressee

B. Received by (Printed Name)

Rachel Johnson

C. Date of Delivery

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

13 GE-15-30 Filed 01/23/2015 Pages: 2
 Return receipt – 7014-1820-0001-3262-8337
 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

UNITED STATES POSTAL SERVICE

GRAND FORKS ND 582



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

21 JAN 2015 PM 11

• 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

13

GE-15-30

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Pages: 2

Return receipt - 7014-1820-0001-3262-8337

USPS

