

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 Amason, Attorney
 Grand Forks Bean Company, Inc
 301 North Third Street, Suite 300
 Grand Forks, ND 58203
 Certified No. 7013 2630 0001 2317 1634
 GE-15-36

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Dee Hillhouse Agent
 Addressee

B. Received by (Printed Name)

Dee Hillhouse

C. Date of Delivery

3/3/15

D. Is delivery address different from item 1? Yes No

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 Return receipt – 7013-2630-0001-2317-1634
 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)

Certified No. 7013 2630 0001 2317 1634
 GE-15-36

UNITED STATES POSTAL SERVICE

GRAND FORKS ND 58001

30 MAR 2015 PM 1 L



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
Attn: Licensing Division
600 E Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

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USPS

