

PU-15-119

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:

Michael S Raum
 Fredrikson & Byron
 51 Broadway, Suite 400
 Fargo, ND 58102

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jo Ann Leedah*

- Agent
- Addressee

B. Received by (Printed Name)

Jo Ann Leedah

C. Date of Delivery

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

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 Return receipt – 7014-1820-0001-3262-7903
 USPS

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 1820 0001 3262 7903

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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