

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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 Number

Mollie M Smith  
 Fredrikson & Byron, P.A.  
 200 South Sixth Street, Suite 4000  
 Minneapolis, MN 55402-1425  
**Cert. No. 7015 0640 0006 6433 4605**  
**PU-15-124**



9590 9401 0020 5205 8898 11

2. Article Number (Transfer from service label)

**7015 0640 0006 6433 4605**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Charles M. Peterson  Agent  Addressee

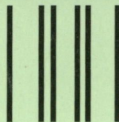
B. Received by (Printed Name)  
 C. Date of Delivery  
 11-21-15

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

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 Return receipt – 7015-0640-0006-6433-4605  
 USPS

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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 Ave., Dept. 408  
Bismarck, ND 58505-0480

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Return receipt - 7015-0640-0006-6433-4605

USPS

27 2015

ORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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