

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 Addressed to:

Mollie M Smith
 Fredrikson & Byron, P.A.
 200 South Sixth Street, Suite 4000
 Minneapolis, MN 55402-1425
Cert. No. 7015 0640 0006 6433 1796
PU-15-124



9590 9401 0022 5071 5958 76

2. Article Number (Transfer from service label)

7015 0640 0006 6433 1796

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *P. N. Book*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-7-15

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

81 PU-15-124 Filed 12/11/2015 Pages: 2
Return receipt – 7015-0640-0006-6433-1796
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

PU-15-124

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•

PUBLIC SERVICE COMMISSION
600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

RECEIVED
DEC 11 2015

81 PU-15-124 Filed: 12/11/2015 Pages: 2
Return receipt – 7015-0640-0006-6433-1796

USPS

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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