

**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.

Article Addressed to:

Mollie M. Smith  
 Attorney for NST Express, LLC  
 Fredrikson & Byron P. A.  
 200 South Sixth Street Suite 4000  
**Minneapolis, MN 55402-1425**  
**Cert. No. 7014 1820 0001 3262 8245 PU-15-232**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*M. Brook*

Agent  
 Address

B. Received by (*Printed Name*)

C. Date of Delivery

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

JUL 17 2015

3. Service Type

Certified Mail®  Priority Mail Express™  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 Restricted Delivery? (*Extra Fee*)  Yes

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 Return receipt – 7014-1820-0001-3262-8245

Article Number

(*Transfer from service label*)

**Cert. No. 7014 1820 0001 3262 8245**

UNITED STATES POSTAL SERVICE

MN 554

17 JUL '15

PM 2 L

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

- Sender: Please print your name, address, and ZIP+4® in this box•

North Dakota Public Service Commission  
600 E. Boulevard Avenue Dept. 408  
Bismarck, ND 58505-0480

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Return receipt - 7014-1820-0001-3262-8245

USPS

