

**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  
 Attorney for NST Express, LLC 39  
 Fredrikson & Byron P. A.  
 200 South Sixth Street, Suite 4000  
 Minneapolis, MN 55402-1425  
**Cert. No. 7015 0640 0006 6433 4216**



9590 9401 0059 5071 4557 61

2. Article Number (Transfer from service label)

**7015 0640 0006 6433 4216**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Made Branch*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-19-15

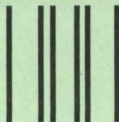
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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 Return receipt – 7015-0640-0006-6433-4216  
 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•

N. D. Public Service Commission  
600 E. Boulevard Avenue Dept. 408  
Bismarck ND 58505 0480

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Return receipt – 7015-0640-0006-6433-4216

USPS

RECEIVED  
OCT 26 2015

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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