

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 Smith
 Fredrikson & Byron P.A.
 200 South 6th Street, Suite 4000
 Minneapolis, MN 55402-1425
Cert. No. 7015 0920 0001 6791 8
PU-15-482



9590 9401 0059 5071 4556 79

2. Article Number (Transfer from service label)

Cert. No. 7015 0920 0001 6791 8732

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Wagare Abebe Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-29-15

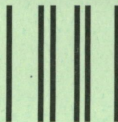
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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 Return receipt – 7015-0920-0001-6791-8732
 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 – 7015-0920-0001-6791-8732

USPS

RECEIVED
SEP - 8 2015
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

9590 9401 0059 5071 4556 79