

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 4315
PU-15-674



9590 9401 0059 5071 4556 93

2. Article Number

7015 0640 0006 6433 4315

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *PA Bush*

- Agent
- Addressee

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

15 PU-15-674 Filed 11/23/2015 Pages: 2
 Return receipt – 7015-0640-0006-6433-4315
 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 - 7015-0640-0006-6433-4315

USPS

RECEIVED
NOV 23 2015

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

9590

11/18

