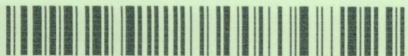


SENDER: COMPLETE THIS SECTION

- 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 Number

Danielle Krause
 Fredrikson & Byron P. A.
 1133 College Drive Suite 1000
 Bismarck, ND 58501-1215
Cert. No. 7015 0920 0001 6792 1848
PU-15-720



9590 9401 0137 5225 3896 35

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kim Nigel

Agent

Addressee

B. Received by (Printed Name)

Kim Nigel

C. Date of Delivery

12-28-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

12 PU-15-720 Filed 12/30/2015 Pages: 2
 Return receipt – 7015-0920-0001-6792-1848
 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

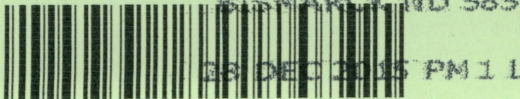
Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PU-15-720

USPS TRACKING#



BISMARCK ND 585

13 DEC 2015 PM 1 L

9590 9401 0137 5225 3896 35

United States
Postal Service

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

DEC 30 2015

ND Public Service Commission
600 E. Boulevard Ave. Dept. 408

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

701-505-0480

12 PU-15-720 Filed: 12/30/2015 Pages: 2
Return receipt - 7015-0920-0001-6792-1848

USPS

