

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. Complete the following information:

Danielle M. Krause
 Fredrikson & Byron, P.A.
 1133 College Drive, Suite 1000
 Bismarck, ND 58501-1215
Cert. No. 7015 3010 0000 6559 5267
PU-15-744



9590 9402 1375 5285 3120 80

2. Article Number (Transfer from service label)

Cert. No. 7015 3010 0000 6559 5267

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Macklen Littleton

C. Date of Delivery

5-26-16

 Agent AddresseeD. Is delivery address different from item 1? Yes

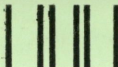
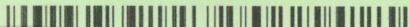
61 PU-15-744 Filed 05/27/2016 Pages: 2
 Return receipt – 7015-3010-0000-6559-5267
 USPS

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

USPS TRACKING #



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

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Return receipt – 7015-3010-0000-6559-5267

USPS

and ZIP+4® in this box*

RECEIVED
MAY 27 2016
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
600 E. Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480