

pu-16-305

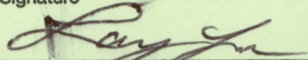
SENDER: COMPLETE THIS SECTION

- 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. /

Mollie M. Smith
 Fredrikson & Byron, P. A.
 200 South Sixth St. Suite 4000
 Minneapolis, MN 55402-1425
Cert. No. 7016 0600 0000 4633 7928
PU-16-305

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name)
 LADE

C. Date of Delivery

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



9590 9402 1906 610

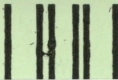
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 Return receipt – 7016-0600-0000-4633-7928
 USPS

2. Article Number (Transfer from service label)
Cert. No. 7016 0600 0000 4633 7928

- Certified mail Restricted Delivery
- Return Receipt for Merchandise
- Collect on Delivery
- Signature Confirmation™
- Collect on Delivery Restricted Delivery
- Signature Confirmation Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

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USPS TRACKING #



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

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Return receipt - 7016-0600-0000-4633-7928

USPS

and ZIP+4® in this box*

R E C E I V E D
OCT 17 2016

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

