

pu-16-539

**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.

Sara E. Bergan  
 Attorneys for Glacier Ridge Wind Farm, LLC  
 Stoel Rives LLC  
 33 South 6th Street Suite 4200  
 Minneapolis, MN 55402  
**Cert. No. 7016 0600 0000 4633 7621**



9590 9402 1906 6104 9451 93

2. Article Number (Transfer from service label)  
**Cert. No. 7016 0600 0000 4633 7621**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jeff Feidt*

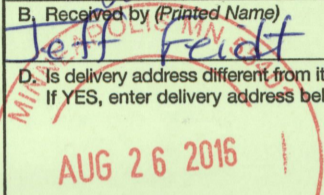
- Agent
- Addressee

B. Received by (Printed Name)

*Jeff Feidt*

C. Date of Delivery

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



23 PU-16-539 Filed 08/30/2016 Pages: 2  
 Return receipt – 7016-0600-0000-4633-7621  
 USPS

- 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)
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

pu-16-539

