

pu-16-539-order

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

Sara E. Bergan

Sara E. Bergan

Andrew J. Pieper/Sara E. Bergan
 Attorneys for Glacier Ridge Wind Farm, LLC
 Stoel Rives LLC
 33 South 6th Street Suite 4200
 Minneapolis, MN 55402
Cert. No. 7015 0640 0006 6993 9607



9590 9402 2326 6

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 Return receipt - 7015-0640-0006-6993-9607
 USPS

2. Article Number (Transfer from service label)

Cert. No. 7015 0640 0006 6993 9607

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

pu-16-539 order

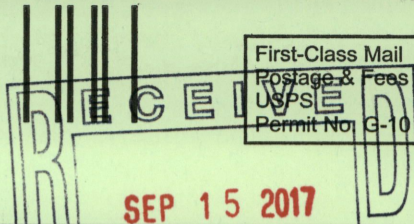
USPS TRACKING #



9590 9402 2326 6225 4244 51

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•

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

480

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USPS

