PU-18-72

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.

Lawrence Bender/Danielle Krause
Fredrikson & Byron, P. A.
1133 College Drive, Suite 1000
Bismarck, ND 58501
Cert. No. 7017 2400 0001 0889 8881

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kim Vagel ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Kim Vagel C. Date of Delivery 6-15-18

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

9590 9402 3634 73(

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Return receipt - 7017-2400-0001-0889-8881
USPS

2.

7017 2400 0001 0889 8881

☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 PU-18-72 Domestic Return Receipt

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Return receipt - 7017-2400-0001-0889-8881

USPS

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

United States Postal Service

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

RECEIVED
JUN 18 2018
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

RECEIVED
JUN 18 2018
NORTH DAKOTA
PUBLIC SERVICE COMMISSION