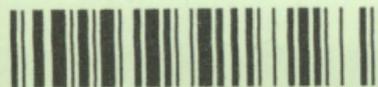


pu-18-219

**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.

Mollie Smith  
 Fredrikson & Byron, P. A.  
 200 South Sixth Street, Suite 4000  
 Minneapolis, MN 55402-1425  
**Cert. No. 7018 0680 0001 3737 6847**



9590 9402 3557 7

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*M. Folley*

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

2. Article Number (*Transfer from service label*)

**7018 0680 0001 3737 6847**

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery  
(over \$500)

Signature Confirmation™

Signature Confirmation  
Restricted Delivery

pu-18-219

USPS TRACKING #

11 PU-18-219 Filed: 9/12/2018 Pages: 2  
Return receipt - 7018-0680-0001-3737-6847

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

USPS

United States  
Postal Service

and ZIP+4® in this box

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

SEP 12 2018

RECEIVED

