

pu-19-343

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. Address

Mollie Smith
 Fredrikson & Byron, P. A.
 200 South Sixth Street Suite 4000
 Minneapolis, MN 55402-1425
 Cert. No. 7018 2290 0000 6607 8350

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

D. Folley

Agent

Addressee

B. Received by (Printed Name)

D. Folley

C. Date of Delivery

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

3. Service Type

Priority Mail Express®

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 Return receipt - 7018-2290-0000-6607-8350
 USPS

- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Signature Confirmation
- Signature Confirmation Restricted Delivery

7018 2290 0000 6607 8350

USPS TRACKING#

8

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Return receipt - 7018-2290-0000-6607-8350

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

9590

USPS

United States
Postal Service

Orders are not your name, address, and ZIP+4® in this box

*ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 400
Bismarck, ND 58505-0480*

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

NOV 17 2019

RECEIVED

