

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. 7020 1810 0000 0893 9554
 Case No. PU-11-69



9590 9402 6208 0220 8245 23

2. Article Number (Transfer from previous label)

7020 1810 0000 0893 9554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paul B. Kuyken

- Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

8/21/21

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

3. Service Type

- Adult Signature
 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)

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PU-11-69

USPS TRACKING#

211

PU-11-69

Filed: 8/26/2021

Pages: 2



United States Postal Service

9590 9402 6208 0220 8245 23

United States
Postal Service

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

RECEIVED

ND Public Service Commission

Attn: Public Utilities Division

600 E. Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

AUG 26 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER