

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
 Fredrikson & Byron, P. A.
 1133 College Drive Suite 1000
 Bismarck, ND 58501-1215
 Cert. No. 7020 1290 0001 6150 5766
 Case No. PU-16-94



9590 9402 6024 0069 3940 27

7020 1290 0001 6150 5766

PU-16-94
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

3. Service Type

- Priority Mail Express®
- Registered Mail™

Adult Signature

65 PU-16-94 Filed 12/08/2020 Pages: 2

Return receipt
 United States Postal Service

Collect on Delivery Restricted Delivery

Signature Confirmation™

Insured Mail

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery

(over \$500)

USPS TRACKING #



9590 9402 60

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

65 **PU-16-94** Filed: 12/8/2020 Pages: 2
Return receipt

United States Postal Service

United States
Postal Service

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E
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I
V

DEC - 8 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

Box*