

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.

David Sederquist
 Consultant, Regulation & Finance
 Energy
 Box 2747
 Fargo, ND 58108-2747
 Cert. No. 7019 0700 0000 6174 3939
 Case No. PU-19-310



9590 9402 4482 82

2. Article Number (Transfer from sender's label)

7019 0700 0000 6174 3939

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Matthew Buelow

- Agent
 Addressee

B. Received by (Printed Name)

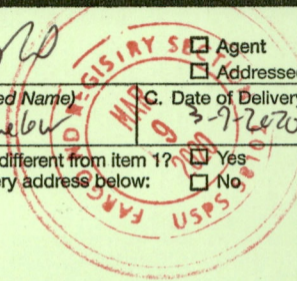
Matthew Buelow

C. Date of Delivery

3-9-2020

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
 No



3. Service Type

Priority Mail Express®

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 Return receipt - 7019-0700-0000-6174-3939
 USPS

Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Restricted Delivery

USPS TRACKING #



9590 94

23

PU-19-310

Filed: 3/12/2020

Pages: 2

Return receipt - 7019-0700-0000-6174-3939

USPS

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

United States
Postal Service

in this box*

RECEIVED
MAR 12 2020
R

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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