

**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.

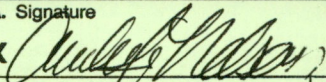
1.

Lawrence Bender  
 Fredrikson & Byron, P. A.  
 1133 College Drive Suite 1000  
 Bismarck, ND 58501-1215  
 Cert. No. 7019 0700 0000 6174 3878  
 Case No. PU-20-82

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

A. Nelson

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®

9590 9402 5222 9122 3377

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Return receipt - 7019-0700-0000-6174-3878

USPS

2. Article Number (Transfer from service label)

7019 0700 0000 6174 3878

 Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500) Signature Confirmation™ Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 5222 9122 3377 76

RECEIVED

MAR 27 2020

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

United States  
Postal Service

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION  
ND Public Service Commission  
Attn: Public Utilities Division  
600 E Boulevard Ave Dept 408

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USPS

