

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.

C T Corporation
 Registered Agent for NC3, LLC
 120 West Sweet Avenue
 Bismarck, ND 58504
 Cert. No. 7020 1290 0001 6150 3502
 PU-20-96

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Alison Weircher

C. Date of Delivery

2/19/21

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



9590 9402 6024 0069 3

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Return receipt

United States Postal Service

7020 1290 0001 6150 3502

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

USPS TRACKING#

BISMARCK ND 585

First-Class Mail
Postage & Fees Paid

No. G-10

15

PU-20-96

Filed: 2/22/2021

Pages: 2

Return receipt

United States Postal Service

this box*

United States
Postal Service

RECEIVED

FEB 22 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

