

PU-20-165

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

Karen Phillips

C. Date of Delivery

6/12/20

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

Lawrence Bender
 Fredrikson & Byron, P. A.
 1133 College Drive Suite 1000
 Bismarck, ND 58501-1215
 Cert. No. 7019 2280 0001 7941 2630
 Case No. PU-20-165 *20-165*



9590 9402 4492 82

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Return receipt

United States Postal Service

7019 2280 0001 7941 2630

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

USPS TRACKING #



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

9590 9402 4492 8248 7963 06

United States
Postal Service

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

RECEIVED
JUN 16 2020
RA

NORTH DAKOTA
PUBLIC UTILITIES COMMISSION

ND Public Service Commission
Attn: Public Utilities Division
600 E. Boulevard Ave. Dept. 408

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Return receipt

United States Postal Service