

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.

Mollie Smith
 Attorney for Minnesota Power,
 a division of Allete, Inc.
 Fredrikson & Byron, P. A.
 200 South Sixth Street Suite 4000
 Minneapolis, MN 55402-1425
 Cert. No. 7019 1120 0002 3204 6910

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PK 204 C19

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

5/30/20

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


9590 9402 5222 9122 3

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Return Receipt

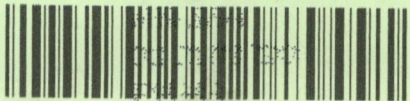
United States Postal Service

2. Article Number (*Transfer from service label*)

7019 1120 0002 3204 6910

 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 5222 9122 3379 81

United States
Postal Service

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

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

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PU-20-194
Return Receipt

Filed: 6/5/2020

Pages: 2

United States Postal Service

PUBLIC SERVICE COMMISSION
NORTH DAKOTA

RECEIVED
JUN - 5 2020

