

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.

James Anderson
 Director, Information Technology
 City of West Fargo
 800 Fourth Ave. E. Suite 1
 West Fargo, ND 58078
 Cert. No. 7019 2280 0000 0693 0894
 Case No. PU-20-199

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X JECY Cor: 1-10 Agent
 Addressee

B. Received by (Printed Name)

City of West Fargo

C. Date of Delivery

9/1

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

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 Return receipt
 United States Postal Service



9590 9402 6143 0209 1398 95

7019 2280 0000 0693 0894

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 6

7

PU-20-199
Return receipt

Filed: 9/3/2020

Pages: 2

First Class Mail
Fees Paid
G-10

United States Postal Service

United States
Postal Service

BOX*

RECEIVE

SEP 3 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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