

**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.

Charles Olson  
 Mayor  
 City of Drayton  
 122 S Main Street  
 Drayton, ND 58225  
 Case No. PU-20-356

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*  
 Agent  
 Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

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



9590 9402 6143 0209 1436 0

3. Service Type

Priority Mail Express®

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Return receipt

United States Postal Service

7020 1290 0001 6150 3571

Insured Mail  
 Insured Mail Restricted Delivery  
 (over \$500)

Signature Confirmation  
 Restricted Delivery

USPS TRACKING #

First-Class Mail

Fees Paid



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PU-20-356  
Return receipt

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9590 9402 61

United States Postal Service

United States  
Postal Service

RECEIVED

MAR 11 2021

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

