

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.

Kelly Brandt
 City of Minot
 1000 31st St. SE
 Minot, ND 58701
 Cert. No. 7020 1810 0000 0894 2424
 Case No. PU-20-359



9590 9402 6208 0220 8243 32

7020 1810 0000 0894 2424

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent
 Addressee

B. Received by (Printed Name)

James Walker

C. Date of Delivery

8/10/2021

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

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



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PU-20-359

Filed: 8/12/2021

Pages: 2

Return receipt

United States Postal Service

9590 9402 6208 0220 8243 32

United States
Postal Service

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

RECEIVED

ND Public Service Commission

Attn: Public Utilities Division

600 E. Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

AUG 12 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER

