

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.

Sender
Excavating
Ave. S
Head, MN 56560-5930
Cert. No. 7020 1810 0000 0894 2448
Case No. PU-20-363



9590 9402 6208 0220 8243 56

2
7020 1810 0000 0894 2448

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Cary Almqvist Agent
 Addressee

B. Received by (Printed Name)

Cary Almqvist

C. Date of Delivery

8/10/21

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

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING™



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PU-20-363

Filed: 8/12/2021

Pages: 2

Return receipt

United States Postal Service

9590 9402 6208 0220 8243 56

United States
Postal Service

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

RECEIVED

AUG 12 2021

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER

