

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.

Gladen Construction
 40739 US Hwy 71
 LaPorte, MN 56461
 Cert. No. 7020 1810 0000 0894 2288
 Case No. PU-20-368



9590 9402 6208 0220 8241 96

2.

7020 1810 0000 0894 2288

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 KAB HCTOCIC
 Agent Addressee

B. Received by (Printed Name)

N Hagyu

C. Date of Delivery

7-19-21
 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

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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Return Receipt

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United States Postal Service

9590 9402 6208 8220 8241 96

United States
Postal Service

RECEIVED

JUL 23 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER

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

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

