

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. Article Addressed to:

David A. Tschider
 Attorney for Intervenor AARP
 Tschider & Smith
 Attorney at Law
 418 E Rosser Ave., Ste. 200
 Bismarck, ND 58501-4046
 Cert. No. 7020 1810 0000 0894 1809



9590 9402 6611 1028 1366 96

2.

7020 1810 0000 0894 1809

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0000 0894 1809



Return Receipt Requested

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PUBLIC SERVICE COMMISSION
 600 E BOULEVARD AVE DEPT 408
 BISMARCK, ND 58505-0480
OFFICIAL MAIL

David A. Tschider

AT-1-S- 585012033-1N
 AARP

RETURN TO SENDER
 UNABLE TO FORWARD
 RETURN TO SENDER

05/17/21

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

RECEIVED
MAY 21 2021

JTF/POS

Return Receipt Requested

ZIP 58505 \$ 00
 02 4M
 0000378434MAY