

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.

Mollie Smith
 Fredrikson & Byron, P.A.
 200 South Sixth Street, Suite 4000
 Minneapolis, MN 55402-1425
 Cert. No. 7020 1290 0001 6150 5957
 Case No. PU-20-381



9590 9402 6024 0069 39

7020 1290 0001 6150 5957

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *LJK*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-11-21

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

3. Service Type

Priority Mail Express®

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Return receipt

United States Postal Service

- Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #



9590 9402

United States
Postal Service

48

PU-20-381

Return receipt

Filed: 1/14/2021

Pages: 2

First-Class Mail
& Fees Paid

No. G-10

United States Postal Service

is box*

NORTH DAKOTA
PUBLIC SERVICE COMMISSION
ND Public Service Commission
Attn: Public Utilities Dept.
600 E Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

JAN 14 2021

NORTH DAKOTA

PUBLIC SERVICE COMMISSION

