

TU-20-399

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

[Handwritten Signature]

[Handwritten Name: ALSOG]

[Handwritten Date: 10-13-20]



Casey Furey
 Crowley Fleck PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7019 2280 0000 0692 7658
 Case No. PU-20-399



9590 9402 6143 0209 1300 00

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 Return receipt
 United States Postal Service

2. A. Number (Transfer from service label)
7019 2280 0000 0692 7658

- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING # PARCK ND 585



9590 9402 6143 0209 1396 80

United States
Postal Service

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

ND Public Service Commission
Attn: Public Utilities Division
600 F Boulevard Ave. Dept. 408

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Return receipt

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05-0480

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

OCT 15 2020

RECEIVED

