

**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.

Sam Shiffman  
 Commio, LLC  
 11320 Hwy 620 N, Suite A031  
 Austin, TX 78726  
 Cert. No. 7019 2280 0000 0692 7726  
 Case No. PU-20-443

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *COVID 19*

- Agent
- Addressee

B. Received by (Printed Name)

*C. Han*

C. Date of Delivery

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



9590 9402 5222 9122 3

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Return receipt

United States Postal Service

2.   
 7019 2280 0000 0692 7726

- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation<sup>SM</sup>
- Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 5222 9122 3381 48

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

RECEIVED  
NOV 27 2020

United States  
Postal Service

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

ND Public Service Commission  
600 E Boulevard Ave. Dept. 408

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Return receipt

United States Postal Service

