

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.

Michael S. Raum #05676
 Fredrikson & Byron, P. A.
 51 Broadway North, Suite 400
 Fargo, ND 58102
 Cert. No. 7020 1290 0001 6150 3373
 Case No. PU-21-41

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

MS 65

- Agent
- Addressee

B. Received by (Printed Name)

USPS AGENT

C. Date of Delivery

2-22-21

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

7020 1290 0001 6150 3373

USPS TRACKING #

FARGO ND 581

First-Class Mail
& Fees Paid



13

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Pages: 2

Return receipt

G-40

9590 9402

United States Postal Service

United States
Postal Service

box*

RECEIVED

FEB 24 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

