

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.

David B. Tibbals #08140
 Fredrikson & Byron, P.A.
 51 Broadway North, Suite 400
 Fargo, ND 58102
 Cert. No. 7020 1290 0001 6150 3380
 Case No. PU-21-41



9590 9402 6024 0069 3923

7020 1290 0001 6150 3380

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PTGS

Agent
 Addressee

B. Received by (Printed Name)

USPS AGENT

C. Date of Delivery

2-26-21

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

USPS TRACKING # **ARGO, ND 58**
PIM



9590 9402 602

United States
Postal Service

RECEIVED
FEB 24 2021

NORTH DAKOTA
PUBLIC SERVICE COMM.

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

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PU-21-41
Return receipt

Filed: 2/24/2021

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United States Postal Service

First-Class Mail
Fees Paid
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