

PU-21-41

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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, and on the front if space permits.

A. Signature

X *Case 19*

Agent  
 Addressee

B. Received by (Printed Name)

*Case 19*

C. Date of Delivery

*4-20*

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

1. Article Addressed to:

Michael S. Raum #05676  
Fredrikson & Byron, P. A.  
51 Broadway North, Suite 400  
Fargo, ND 58102  
Cert. No. 7020 1290 0001 6150 3755  
Case No. PU-21-41

3. Service Type

Priority Mail Express®



9590 9402 6611 1028 1365 7

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Return receipt

United States Postal Service

2. Address

7020 1290 0001 6150 3755

Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Restricted Delivery



9590 940

United States  
Postal Service

RECEIVED

19

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Return receipt

United States Postal Service

Class Mail  
Postage & Fees  
Post No. G-

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

APR 22 2021

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

