

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.

1. Article Addressed to:

Mollie Smith
Fredrikson & Byron, P.A.
200 South Sixth Street Suite 4000
Minneapolis, MN 55402-1425
Cert. No. 7020 1810 0000 0894 2110
Case No. PU-21-121

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Paul B. Kuykendall*

☒ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery**

6/12/21

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

3. Service Type☐ Priority Mail Express®

9590 9402 6611 1028

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Return receipt
United States Postal Service

2. /
7020 1810 0000 0894 2110

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

USPS TRACKING #



9590 9402

25

PU-21-121

Return receipt

Filed: 6/23/2021

Pages: 2

First Class Mail
Postage & Fees Paid

No. G-10

United States Postal Service

United States
Postal Service

this box*

RECEIVED
R

JUN 23 2021

ND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Avenue Dept. 408

Bismarck, ND 58505-0480

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

