

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. 7021 2720 0000 4438 6439
Case No. PU-21-121



9590 9402 7805 2152 9975 39

2. Article Number (Transfer from service label)

7021 2720 0000 4438 6439

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

x LPM-mailroom

☒ Agent☐ Addressee**B. Received by (Printed Name)**

N. Dahl

C. Date of Delivery

2/17/23

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

131 PU-21-121 Filed 02/21/2023 Pages: 4
Return receipts (2)
United States Postal Service

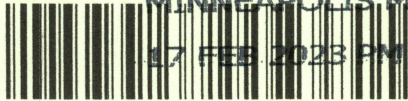
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #

MINNEAPOLIS MN 553



17 FEB 2023 PM 6 L

RECEIVED

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

9590 9402 7805 2152 9975 39

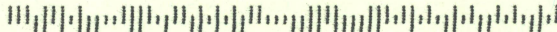
United States
Postal Service

FEB 21 2023

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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



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1. Article Addressed to:

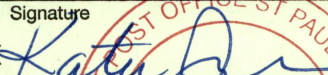
Kevin Pranis
LIUNA Minnesota & North Dakota
81 E. Little Canada Road
St. Paul, MN 55117
Cert. No. 7021 2720 0000 4438 6446
Case No. PU-21-121



9590 9402 7805 2152 9975 22

2. Article Number (Transfer from service label)

7021 2720 0000 4438 6446

COMPLETE THIS SECTION ON DELIVERY**A. Signature**☒ X
Katerina☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery**

2-17-23

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

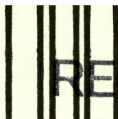
THANK YOU

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



RECEIVED

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

9590 9402 7805 2152 9975 22

FEB 21 2023

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