

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.

Casey Jacobson
 Senior Staff Counsel
 Dakota Gasification Company
 1717 East Interstate Avenue
 Bismarck, ND 58503
 Cert. No. 7020 1810 0000 0893 9462
 Case No. PU-21-150



9590 9402 6208 0220 8244 31

7020 1810 0000 0893 9462

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J-Vogel

 Agent
 Addressee

B. Received by (Printed Name)

MS

C. Date of Delivery

C-19 8-2-21

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

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™



52

PU-21-150

Filed: 8/4/2021

Pages: 2

Return Receipt

United States Postal Service

9590 9402 6208 0220 8244 31

United States
Postal Service

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

RECEIVED

AUG - 4

ND Public Service Commission

Attn: Public Utilities Division

600 E. Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

NORTH DAKOTA

PUBLIC SERVICE COMMISSIONER