

# 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.

La...  
Fr...  
11...  
Byron, P...  
Drive Suite 1000  
...-1215  
0000 0894 2400  
25



9590 9402 6208 0220 8243 18

7020 1810 0000 0894 2400

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Charles Nelson*

- Agent  
 Addressee

B. Received by (Printed Name)

*A. Nelson*

C. Date of Delivery

*7/26/21*

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 #



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PU-21-325

Filed: 7/28/2021

Pages: 2

Return Receipt

United States Postal Service

9580 9402 6208 8220 8243 18

United States  
Postal Service

RECEIVED

JUL 28 2021

RECEIVED PUBLIC UTILITIES COMMISSIONER

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

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