

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:

Thomas Campbell
 Olsen Thielen
 2675 Long Lake Road
 St. Paul, MN 55113-1117
 Cert. No. 7021 2720 0000 4438 6927
 Case No. PU-22-65



9590 9402 7805 2152 9937 22

2.

7021 2720 0000 4438 6927

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 L. Spermbar

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

 L. Spermbar

C. Date of Delivery

2-27-23

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

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 Return receipt
 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)

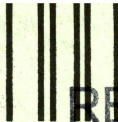
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING#

SAINT PAUL MN 550



27 FEB 2023 PM 4 L



RECEIVED

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

9590 9402 7805 2152 9937 22

MAR - 6 2023

United States
Postal Service

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

NORTH DAKOTA

ND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Ave. Dept. 408

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PU-22-65

Filed: 3/6/2023

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Return receipt

United States Postal Service

5-048099