

Pu-22-86

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 Mollie M. Smith
 Fredrikson & Byron, P. A.
 200 South Sixth St. Suite 4000
 Minneapolis, MN 55402-1425
 Cert. No. 7021 2720 0001 0491 8846
 Case No. PU-22-86



9590 9402 7113 1251 6420 49

7021 2720 0001 0491 8846

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X PK 204C19

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/21/22

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 #



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

RECEIVED

9590 9402 7113 1251 6420 49

United States
Postal Service

MAY 26 2022

• 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

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Return receipt

Filed: 5/26/2022 Pages: 2

15-0480

United States Postal Service