

PU-22-194

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:

John B. Coffman
 Attorney for Intervenor AARP
 John B. Coffman, LLC
 871 Tuxedo Blvd.
 St. Louis, MO 63119-2044
 Cert. No. 7019 1120 0002 3204 4909
 Case No. PU-22-194



9590 9402 7805 2152 9934 94

2. 7019 1120 0002 3204 4909

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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 LOUIS MO 630

RECEIVED

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



10 JAN 2023 PM 7 L

JAN 17 2023

9590 9402 7805 2152 9934 94

United States
Postal Service

• 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 Avenue Dept. 408
Bismarck, ND 58505-0480

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Return receipt

United States Postal Service