

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. Addressee's name and address

David Tschider  
 Attorney for Intervenor AARP  
 Tschider & Smith  
 PO Box 754  
 Bismarck, ND 58502-0754  
 Cert. No. 7021 2720 0000 4438 7726  
 Case No. PU-22-194



9590 9402 7316 2028 9576 37

2. Article Number (Transfer from service label)

7021 2720 0000 4438 7726

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

X *[Signature]*

B. Received by (Printed Name)  
*Sam S. Smith*

C. Date of Delivery  
*6-10-23*

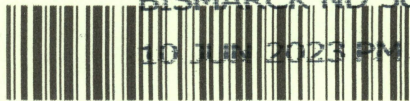
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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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

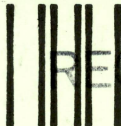
USPS TRACKING #

BISMARCK ND 585



10 JUN 2023 PM 1 L

9590 9402 7316 2028 9576 37



RECEIVED

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

JUN 12 2023

United States  
Postal Service

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

PUBLIC SERVICE COMMISSION

ND Public Service Commission  
Attn: Public Utilities Division  
600 E Boulevard Ave. Dept. 408

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Return receipt

United States Postal Service