

Pu. 24-87

**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 Address

Mollie Smith  
 Fredrikson & Byron, P.A.  
 60 South Sixth Street, Suite 1500  
 Minneapolis, MN 55402-4400  
 Cert. No. 9589 0710 5270 0129 6615 78  
 Case No. PU-24-87



9590 9402 8606 3244 9341 33

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6615 78

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 5-28-24

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

18 PU-24-87 Filed 05/31/2024 Pages: 1  
 Return Receipt

United States Postal Service

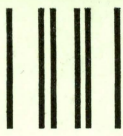
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 8606 3244 9341 33



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

United States Postal Service

NORTH DAKOTA PUBLIC SERVICE COMMISSION

• 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

RECEIVED

MAY 31 2024

