

pu-17-97

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

Beth M. Innis
 William County Auditor
 PO Box 2047
 Williston, ND 58802-2047
Cert. No. 7018 0680 0001 3737 6625

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X *Elaine J. Chapman*

B. Received by (Printed Name)
Elaine J. Chapman

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 – 7018-0680-0001-3737-6625
 USPS

2. Article Number (Transfer from service label)
7018 0680 0001 3737 6625

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING#

120

PU-17-97

Filed: 8/1/2018

Pages: 2

Return receipt - 7018-0680-0001-3737-6625

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

USPS

United States
Postal Service

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

*ND Public Service Commission
600 E. Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480*

