

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:

Marcia Lamb
 Billings County Auditor
 PO Box 168
 Medora, ND 58645-0168
Cert. No. 7017 2400 0001 0890 4506



9590 9402 3634 7

2.

7017 2400 0001 0890 4506

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

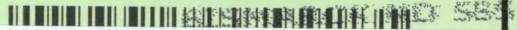


11 PU-18-72 Filed 03/19/2018 Pages: 2
 Return receipt - 7017-2400-0001-0890-4506
 USPS

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

pu-18-72

USPS TRACKING #



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

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PU-18-72

Filed: 3/19/2018

Pages: 2

Return receipt - 7017-2400-0001-0890-4506

USPS

and ZIP+4® in this box®

RECEIVED
MAR 19 2018
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

