

**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.

Warren Colby  
 846 44th St. N  
 Voltaire, ND 58792  
 Cert. No. 7019 0700 0000 6174 4066  
 Case No. PU-18-374



9590 9402 5222 9122 3377 38

2 Article Number (Transfer from service label)

7019 0700 0000 6174 4066

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

JS 004 C-19

C. Date of Delivery

5/30/20

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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 5222 9122 3377 38

RECEIVED  
JUN - 2 2020

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

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 Ave. Dept. 408  
580480

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Return receipt

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United States Postal Service

