

pu-18-404

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

Erica Johnsrud
 McKenzie County Auditor
 201 5th St NW Suite 543
 Watford City, ND 58554
 Cert. No. 7018 0680 0001 3738 0974
 Case No. PU-18-404

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Tim Som* Agent Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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



9590 9402 2853 706

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 Return receipt - 7018-0680-0001-3738-0974
 USPS

2
 7018-0680 0001 3738 0974

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

pu-18-404

USPS TRACKING #

BISMARCK ND 585

First Class Mail
Fees Paid
G-10

11

PU-18-404

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Return receipt - 7018-0680-0001-3738-0974

USPS

United States
Postal Service

9590 9402

JAN 28 2019

NORTH DAKOTA

POSTAL SERVICE

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

