



TU-19-113
Public Service Commission
State of North Dakota

Official Mail 600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

ADDRESS SERVICE REQUESTED

RECEIVED
MAR 25 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

Return Receipt Requested

Muriel Close
Dakota Services
PO Box 921
Watford City, ND 5

UTF
7019 0700 0000 6174 3847

CERTIFIED MAIL BISMARCK ND 585



13 MAR 2020 PM 1 L

7019 0700 0000 6174 3847



MAILED
107
10/10/20

03/21
03/20

Return Receipt Requested

581 NFE 1 119F0003/22/20
FORWARD TIME EXP RTN TO SEND
CLOSE
100 4TH ST NE
WATFORD CITY ND 58854-7509
RETURN TO SENDER

14

PU-19-113

Filed: 3/25/2020

Pages: 2

Returned mail - 7019-0700-0000-6174-3847

USPS

RU-19-113

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.

Muriel Close
 Dakota Services
 PO Box 921
 Watford City, ND 58854-0921
 Cert. No. 7019 0700 0000 6174 3847
 Case No. RU-19-113



9590 9402 5222 9122 3378 06

2. Article Number (Transfer from service label)

7019 0700 0000 6174 3847

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt