

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:

Muriel Close
 Dakota Services
 106 4th St NE
 Watford City, ND 58854-7509
 Cert. No. 7019 1120 0002 3204 6941
 Case No. PU-19-113



9590 9402 5222 9122 33

2. Article Number (Transfer from service label)

7019 1120 0002 3204 6941

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Muriel Close

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Muriel Close

C. Date of Delivery

3/31

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

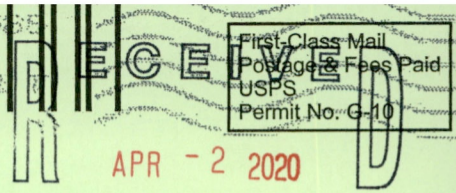
3. Service Type

 Adult Signature Priority Mail Express® Registered Mail™
 16 PU-19-113 Filed 04/02/2020 Pages: 2
 Return receipt - 7019-1120-0002-3204-6941
 USPS
 Insured Mail Insured Mail Restricted Delivery (over \$500)
 Signature Confirmation
 Restricted Delivery

USPS TRACKING #



9590 9402 5222 9122 3377 07



United States
Postal Service

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

PUBLIC SERVICE COMMISSION
600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

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Return receipt - 7019-1120-0002-3204-6941

USPS