

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
 Timothy Purdon
 Attorney for Standing Rock Sioux Tribe
 Robins Kaplan, LLP
 1207 West Divide Avenue Suite 200
 Bismarck, ND 58503
 Cert. No. 7019 0700 0000 6174 3786
 Case No. PU-19-204 (Order)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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 522

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Return receipt - 7019-0700-0000-6174-3786

USPS

2 Article Number (*Transfer from service label*)
7019 0700 0000 6174 3786

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery
 (over \$500)

Signature Confirmation
 Restricted Delivery

USPS TRACKING#



115

PU-19-204

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Return receipt - 7019-0700-0000-6174-3786

First-Class Mail

Fees Paid

E-10

9590 9402 51

USPS

United States
Postal Service

RECEIVED
FEB 27 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

