

PU-18-305 & PU-19-210

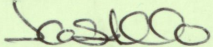
SENDER: COMPLETE THIS SECTION

- 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,

Brad Carstensen – Vice President
 Carstensen Contracting, Inc.
 800 E Quartzite St
 Dell Rapids, SD 57022
 Cert. No. 7019 0700 0000 6174 0358
 Case Nos. PU-18-305 & 19-210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

Scastillo

C. Date of Delivery

10/28/19

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No



9590 9402 4618 8323 8

14 PU-19-210 Filed 10/31/2019 Pages: 2
 Return receipt - 7019-0700-0000-6174-0358

11 PU-18-305 Filed 10/31/2019 Pages: 2
 Return receipt - 7019-0700-0000-6174-0358

2. Article Number (Transfer from service label)

7019 0700 0000 6174 0358

Insured Mail
 Insured Mail Restricted Delivery
 (over \$500)

Signature Confirmation
 Restricted Delivery

USPS



9590 9402 4

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Return receipt - 7019-0700-0000-6174-0358

USPS

Mail
ees Paid
-10

United States
Postal Service

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

*ND Public Service Commission
Attn: Public Utilities Division
600 E. Boulevard Ave. Dept. 408*

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Return receipt - 7019-0700-0000-6174-0358

USPS

RECEIVED
OCT 31 2019

ORTHOGATA
SERVICE CON