

PU-19-294

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,

1. *Scott Ouradnik*
Slope County Commission
6703 141st Ave. SW
Amidon, ND 58620-9607
Cert. No. 7019 0700 0000 6174 0280



9590 9402 4618 8323 80

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (*Printed Name*)

Scott Ouradnik

C. Date of Delivery

10/3/19

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

- Yes
 No

Scott Ouradnik

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 Return receipt - 7019-0700-0000-6174-0280
 USPS

2. Article Number (*Transfer from service label*)

7019 0700 0000 6174 0280

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

USPS TRACKING #



9590 9402 4618 8323 8057 14

United States
Postal Service

RECEIVED
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

OCT 4 2019

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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PU-19-294

Filed: 10/4/2019

Pages: 2

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Return receipt - 7019-0700-0000-6174-0280

USPS

