

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.

Lynn Brackel
 Bowman County Commission
 8562 144th Ave. SW
 Bowman, ND 58623-9753
 Cert. No. 7019 0700 0000 6174 0266



9590 9402 4618 8323

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lynn Brackel*

Agent

Addressee

B. Received by (Printed Name)

Lynn Brackel

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

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 Return receipt - 7019-0700-0000-6174-0266
 USPS

2 Article Number (Transfer from service label)

7019 0700 0000 6174 0266

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Signature Confirmation

Signature Confirmation Restricted Delivery

USPS TRACKING #

First-Class Mail
Fees Paid
3-10

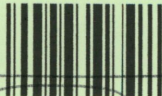
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PU-19-294

Filed: 10/7/2019

Pages: 2

Return receipt - 7019-0700-0000-6174-0266



9590 9402 4

USPS

United States
Postal Service

RECEIVED

OCT 7 2019

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

