

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,

Lorne Buzalsky
 Slope County Auditor
 206 Main St.
 Amidon, ND 58620-9012
 Cert. No. 7019 0700 0000 6174 0211

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lorne Buzalsky*

- 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 4618 8323 8057

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Return receipt - 7019-0700-0000-6174-0211

USPS

2. Article Number (Transfer from service label)

7019 0700 0000 6174 0211

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

USPS TRACKING #



First-Class Mail

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PU-19-294

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Pages: 2

Postage Paid

Return receipt - 7019-0700-0000-6174-0211

9590 9402 461

USPS

United States
Postal Service

RECEIVED
OCT 7 2019

NORTH DAKOTA
PUBLIC SERVICE COM

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