

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 *Sandra Tivis*
Bowman County Auditor
104 1st St. NW, Ste. 1
Bowman, ND 58623-4342
Cert. No. 7019 0700 0000 6174 0204

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Mindy Schmecke* Agent Addressee
- B. Received by (Printed Name) *Mindy Schmecke* C. Date of Delivery *10-3-19*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



20 PU-19-294 Filed 10/08/2019 Pages: 2
 Return receipt - 7019-0700-000-6174-0204
 USPS

2 Article Number (Transfer from service label)
7019 0700 0000 6174 0204

- 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 #



20

PU-19-294

Filed: 10/8/2019

Pages: 2

Return receipt - 7019-0700-000-6174-0204

Paid

Permit No. 3-10

USPS

9590 9402 4618

United States
Postal Service

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

RECEIVED

OCT 8 2019 100

NORTH DAKOTA

SERVICE COMMISSION

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

