

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, or on the front if space permits.

1.

Wade C. Mann
 Crowley Fleck
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7019 2280 7941 2661
 Case No. PU-19-294



9590 9402 4492 8248 7962 76

2.

7019 2280 0001 7941 2661

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

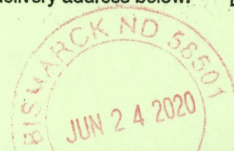
- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-24-20

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



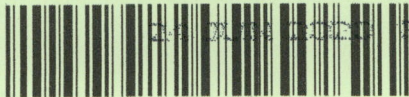
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted

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 Return receipt
 United States Postal Service

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

USPS TRACKING# 9590 9402 4492 8248 7962 76



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

9590 9402 4492 8248 7962 76

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

United States Postal Service

RECEIVED
JUN 26 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

UNITED STATES
POSTAL SERVICE