

PU-19-312

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.

Bill Krick-President
 Northwest Grading, Inc.
 1875 North Lakewood Drive Suite 201
 Coeur d' Alene, ID 838-4928
 Cert. No. 7019 2280 0000 0692 7641
 Case No. PU-19-312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 SMC 8/19 Agent
 Addressee

B. Received by (Printed Name) *M. Dossy* C. Date of Delivery *11/23/20*

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

3. Service Type Priority Mail Express®



9590 9402 6143 0209 139

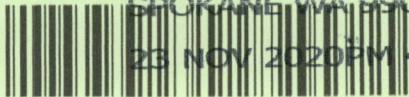
2. Article Number (Transfer from...)

7019 2280 0000 0692 7641

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 Return receipt
 United States Postal Service

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

USPS TRACKING #



SPOKANE WA 990

23 NOV 2020 PM 4 L

9590 9402 6143 0209 1397 58

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

RECEIVED
NOV 27 2020

United States
Postal Service

• 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
0480

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Return receipt

United States Postal Service

