

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. *Joseph Barkie – Chairman
 Mont Township
 5835 144 Ave Northwest
 Williston, ND 58801
 Cert. No. 7019 1120 0002 3204 6668
 Case No. PU-19-368*



9590 9402 5222 9122

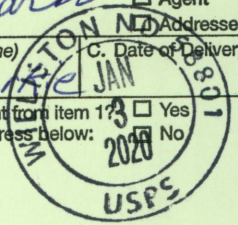
2. **7019 1120 0002 3204 6668**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Joseph D. Barkie* Agent
 Addressee

B. Received by (Printed Name) *Joseph D. Barkie* C. Date of Delivery *JAN 06 2020*

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



3. Service Type Priority Mail Express®

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 Return receipt - 7019-1120-0002-3204-6668
 USPS

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

USPS TRACKING #



9590 9402 522

United States
Postal Service

RECEIVED

JAN 6 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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Return receipt - 7019-1120-0002-3204-6668
USPS

First-Class Mail
Postage Paid
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