

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

Thomas McCabe
 Chairperson-McKenzie County Commission
 13802 Highway 85 N
 Alexander, ND 58831
 Cert. No. 7019 0700 0000 6174 3793
 Case No. PU-20-18



9590 9402 5222

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Return receipt - 7019-0700-0000-6174-3793

USPS

70-20-18

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ellen McCabe

Agent
 Addressee

B. Received by (Printed Name)

Ellen McCabe

C. Date of Delivery

Feb. 26

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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

7019 0700 0000 6174 3793

USPS TRACKING#



9590 9402 52

United States
Postal Service

8

PU-20-18

Filed: 3/2/2020

Pages: 2

Return receipt - 7019-0700-0000-6174-3793

USPS

First Class Mail
Postage Paid
\$10

R
E
C
E
I
V
E

MAR 2 2020

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

