

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jodi Nelson*

- Agent
- Addressee

B. Received by (Printed Name)

Jodi Nelson

C. Date of Delivery

1. Article #

Jerry King
 Manager
 Burke Divide Electric Cooperative, Inc.
 PO Box 6
 Columbus, ND 58727-0006
 Cert. No. 7019 2280 0001 7941 2579
 Case No. PU-20-207

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



9590 9402 4492 8248 7963 75

9 PU-20-207 Filed 06/17/2020 Pages: 2
 Return receipt
 United States Postal Service

2

7019 2280 0001 7941 2579

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

USPS TRACKING# ARCK 101 589

First-Class Mail

Fees Paid

G-10



9

PU-20-207
Return receipt

Filed: 6/17/2020

Pages: 2

9590 9402 4

United States Postal Service

United States
Postal Service

box*

RECEIVED
JUN 17 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

