

tu-20-247

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. Recipient's name and address:
 Charrel Schillo
 Robin Prairie Township
 P.O. Box 275
 Williston, ND 58802
 Cert. No. 7019 2280 0001 7941 2517
 Case No. PU-20-247



9590 9402 4492 8248

2. Ar

7019 2280 0001 7941 2517

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Karen Amundson*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

06-11-20

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

P.O. Box 874
 Williston ND
 58802-0874

3. Service Type

Priority Mail Express®

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Return receipt
United States Postal Service

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

Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 4492 8248 7964 36

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



United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

RECEIVED
JUN 16 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
Attn: Public Utilities Division
600 E. Boulevard Ave. Dept. 408

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Return receipt

Filed: 6/16/2020

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United States Postal Service