

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. Article Addressed to:

Thomas McCabe Chair
 McKenzie County Commission
 13802 Hwy 85 N
 Alexander, ND 58831
 Cert. No. 7020 1290 0001 6150 5797
 Case No. PU-20-430



9590 9402 6024 0069 3939 9

2. Article Identification Number
7020 1290 0001 6150 5797

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Bulliges
#1019

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery
Dec 9

- 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

United States Postal Service

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

USPS TRACKING#

BISMARCK ND 585

First-Class Mail



9

PU-20-430

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Pages: 2

es Paid

Return receipt

10

9590 9402 602

United States Postal Service

United States
Postal Service

RECEIVED

DEC 14 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

