

GE-18-395 - Konrad

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:

State Farm Fire Claims
 PO Box 106169
 Atlanta GA 30348-6169

9590 9402 5222 9122 3385 75



2. Article Number (Transfer from service label)

7019 1120 0002 3204 6729

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

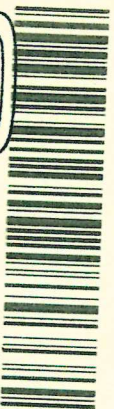
- A. Signature X Agent
 Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

FEB 09 2020
ZAY1D

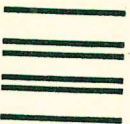
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5222 9122 3385 75



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

United States Postal Service

RECEIVED
FEB 10 2020

NORTH DAKOTA PUBLIC SERVICE COMMISSION

PUBLIC SERVICE COMMISSION
 600 E BOULEVARD AVE DEPT 408
 BISMARCK ND 58505-0480

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

