

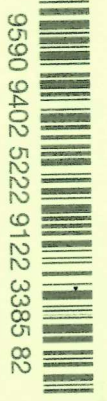
GE-18-395 - Kornd

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:

**Genise Teich**  
**Liberty Mutual Surety**  
**17771 Cowan, Suite 100**  
**Irvine, CA 92614**



9590 9402 5222 9122 3385 82

2. Article Number (Transfer from service label)  
 7019 1120 0002 3204 6712

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 *Kevin Summers*  Addressee

B. Received by (Printed Name) *KEVIN SUMMERS* C. Date of Delivery *2/3/20*

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

3. Service Type

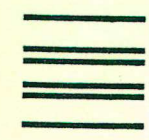
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

USPS TRACKING#



9590 9402 5222 9122 3385 82



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

United States Postal Service

FEB 11 2020

RCM

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\*

