

Du-21-168

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:



9590 9402 7987 2805 9062 75

2. Article Number (Transfer from service label)

9589 0710 5270 0642 4071 75

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B Beron

- Agent
- Addressee

B. Received by (Printed Name)

B Beron

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- X Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

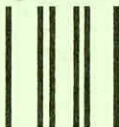
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



BISMARCK ND 585

13 NOV 2023 PM 1 L



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

9590 9402 7989 2305 9062 75

RECEIVED
United States
Postal Service

NOV 15 2023

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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

