

**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:

Marlene Bennett  
 Consortia Consulting  
 2100 Highland Way Suite V  
 Mitchell, SD 57301  
 Cert. No. 7021 2720 0000 4438 6910  
 Case No. PU-22-42



9590 9402 7805 2152 9937 15

2.

7021 2720 0000 4438 6910

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Rebecca J. Zens*  Agent  
 Addressee

B. Received by (Printed Name)

Rebecca Zens

C. Date of Delivery

2.28.23

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 Yes No

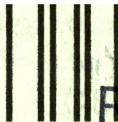
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 Return receipt  
 United States Postal Service

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



RECEIVED

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

9590 9402 7805 2152 9937 15

United States  
Postal Service

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

MAR - 6 2023

ND Public Service Commission  
Attn: Public Utilities Division  
600 E Boulevard Ave. Dept. 408  
Bismarck ND 58505 0180

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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Return receipt

United States Postal Service