1-22-391

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. A-4:-1- A-1-1------------------

Julie Lawver Burleigh County States' Attorney 514 E Thayer Avenue Bismarck, ND 58501 Cert. No. 9589 0710 5270 1582 7538 48 Case No. PU-22-391



9590 9402 8147 3030 8108 58

2. Article Number (Transfer from service label)

9589 0410 5240 1582 7538 4

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Addressee

C. Date of Delivery

B. Received by (Printed Name) Rob Woodbany

☐ Yes

TI No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

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

Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053



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

United States Postal Service

RECE DEC

9

Sender: Please print your name, address, and ZIP+4® in this box® ND Public Service Commission Attn: Public Utilities Division €600 E Boulevard Ave. Dept. 408 ∑Bismarck, ND 58505-0480

Pu-22-391

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.
- Jannelle Combs City of Bismarck 221 North 5th Street Bismarck, ND 58501 Cert. No. 7022-3330 0000 1007 9751 Case No. PU-22-391



9590 9402 7987 2305 9056 12

2. Article Number (Transfer from service label)

7022 3330 0000 1007 975

COMPLETE THIS SECTION ON DELIVERY

A. Signature Nel Woodler

Agent Agent ☐ Addressee

B. Received by (Printed Name) RUB Woods 40%

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes □ No

- 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

Domestic Return Receipt



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

9590 9402 7987 2305 9056 12

United States Postal Service

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Public Service Commission
Public Service Com