4.22.391 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Agent Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: П No Steven Leibel David Knoll Knoll Leibel LLP PQ Box 858 Bismarck, ND 58502-0858 Cert. No. 7022 3330 0000 7993 4626 Case No. PU-22-391 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 7987 2305 9058 41 ☐ Certified Mail Restricted Delivery □ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail 7022 3330 0000 7993 4626 ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt **USPS TRACKING#** First-Class Mail Postage & Fees Paid USPS Permit No. G-10



United States Postal Service RECEIVE

N

FEB

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