

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.

**1. Article Addressed to:**

Jannelle Combs  
City of Bismarck  
221 N. 5th Street  
Bismarck, ND 58501  
Cert. No. 9589 0710 5270 1582 7542 34  
Case No. PU-22-391



9590 9402 8147 3030 8130 19

**2. Article Number (Transfer from service label)**

9589 0710 5270 1582 7542 34

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Neil Woodley*

☒ Agent

☐ Addressee

**B. Received by (Printed Name)**

*Rob Woodley*

**C. Date of Delivery**

*4/11/24*

**D. Is delivery address different from item 1? ☐ Yes**

If YES, enter delivery address below: ☐ No

516 PU-22-391 Filed 04/15/2024 Pages: 2

Return Receipt (2)

United States Postal Service

**3. Service Type**

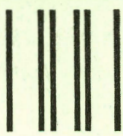
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

**USPS TRACKING #**



9590 9402 8147 3030 8130 19



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

United States  
Postal Service

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

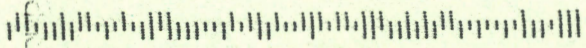
RECEIVED

APR 15 2024

NORTH DAKOTA

SERVICE COMMISSION

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



PU-22-391

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**1. Article Addressed to:**

Julie Lawyer  
Burleigh County States Attorney  
514 E. Thayer Avenue  
Bismarck, ND 58501  
Cet. No. 9589 0710 5270 1582 7542 10  
Case No. PU-22-391



9590 9402 8147 3030 8129 99

**2. Article Number (Transfer from service label)**

9589 0710 5270 1582 7542 10

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Rob Woodbury*

☒ Agent

☐ Addressee

**B. Received by (Printed Name)**

*Rob Woodbury*

**C. Date of Delivery**

*4-12-24*

- 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
- ☒ 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 #**



9590 9402 8147 3030 8129 99



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

**United States  
Postal Service**

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