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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| 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. Signature X |
| Julie Lawyer Burleigh County States' Attorney 514 E Thayer Avenue Bismarck, ND 58501 Cert. No. 9589 0710 5270 0129 6576 56 Case No. PU-22-391 | D. Is delivery address different from item 1? |
| 9590 9402 8849 4005 9633 65 2. 9589 0710 5270 0129 6576 56 | 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\$) |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |
| USPS TRACKING# 9590 9402 8849 4005 9633 65 | First-Class Mail Postage & Fees Paid USPS Permit No. G-10 |
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ND Public Service Commission

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

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Du. 22.391 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (A C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: □ No Randall J. Bakke Bradley N. Wiederholt Bakke Grinolds Wiederholt PO Box 4247 Bismarck, ND 58502-4247 Cert. No. 9589 0710 5270 0129 6575 88 Case No. PU-22-391 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery Certified Mail Restricted Delivery ☐ Signature Confirmation™ 9590 9402 8849 4005 9634 33 ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery ☐ Insured Mail 9589 0710 5270 0129 6575 88 ☐ 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 Permit No. G-10 9590 9402 8849 4005 9634 33 **United States** Sender: Please print your name, address, and ZIP+4 to this box **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480

1-22-391 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. Article Addressed to D. Is delivery address different from item 1? If YES, enter delivery address below: TI No Jannelle Combs City of Bismarck 221 N 5th Street Bismarck, ND 58501 Cert. No. 9589 0710 5270 0129 6576 Case No. PU-22-391 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery ☐ Signature Confirmation™ Certified Mail Restricted Delivery 9590 9402 8849 4005 9633 41 ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery 9589 0710 5270 0129 6576 70 ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 8849 4005 9633 **United States** Sender: Please print your name, address, and ZIP+4® in this box® **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480





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