

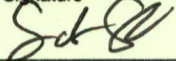
65-23-242

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

SCOTT SEIBERT

C. Date of Delivery

09/11/23

Delivery address different from item 1?  Yes  
 If "Yes", enter delivery address below:  No

Mr. Scott Seibert  
 Manager, Regulatory & Environment US Ops  
 Aux Sable Midstream LLC  
 6155 E. US Route 6  
 Morris, IL 60450

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 Return Receipt  
 United States Postal Service



9590 9402 7877 2234 0968 98

2. Article Number (Transfer from service label)

7022 3330 0000 7993 6040

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 7877 2234 0968 98 **SEP 15 2023**

United States  
Postal Service

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

**NORTH DAKOTA**  
**PUBLIC SERVICE COMMISSION**  
**PUBLIC SERVICE COMMISSION**  
**600 E BOULEVARD AVE DEPT 408**  
**BISMARCK ND 58505-0480**

**3**      **GS-23-242**      Filed: 9/15/2023      Pages: 2  
**Return Receipt**

