

DM-23-303

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)

Alison Weism

C. Date of Delivery

5/6/24

D. Delivery address different from item 1? Yes

or delivery address below: No

Business Filings Incorporated
 Registered Agent for Central Specialties Inc
 120 W Sweet Ave
 Bismarck ND 58504

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Return Receipt

United States Postal Service



9590 9402 7987 2305 9272 70

2. Article Number (Transfer from service label)

7022 3330 0000 7993 6392

3. Service type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(0)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

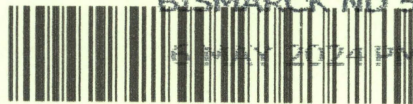
Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING #



BISMARCK ND 585

MAY 2024 PM 1 L

9590 9402 7987 2305 9272 70

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

MAY 8 2024

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

