

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.

1. Article Addressed to:

Ross Larson
Central Specialties Inc
6325 County Rd 87 SW
Alexandria MN 56308



9590 9402 7987 2305 9272 87

2. Article Number (Transfer from service label)

7022 3330 0000 7993 6385

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rachel Jahne* Agent Addressee

B. Received by (Printed Name) *Rachel Jahner* C. Date of Delivery *5/9/24*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

12 DM-23-303 Filed 05/20/2024 Pages: 1
 Return Receipt

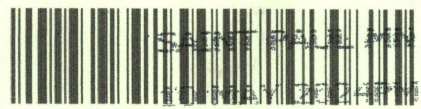
United States Postal Service

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - 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#



9590 9402 7987 2305 9272 87



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•

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

RECEIVED

MAY 20 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

