

LC 45 331

352

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
 Allegra Boeckel Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:

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

Allegra Boeckel & Estate of LeRoy Boeckel
 c/o Travis Boeckel
 517 Kambri Cir
 Bismarck, ND 58504



9590 9402 8147 3030 8001 63

2. Article Number (Transfer from service label)
 7022 3330 0000 7993 3889

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

~~BISMARCK ND 585~~

USPS TRACKING#

7 FEB 2024 PM 1 L



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

9590 9402 8147 3030 8001 63

United States Postal Service

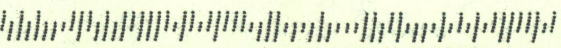
• Sender: Please print your name, address, and ZIP+4® in this box •

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

RECEIVED

FEB 12 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



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:

Norma L Reich & Theophil Reich Trust
 c/o Jaylin Brewer
 1550 S Bogle Ave
 Chandler, AZ 85249-3969

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 John Bauer 02/09/24

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



9590 9402 7316 2028 9593 96

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3155

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

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

Domestic Return Receipt

USPS TRACKING#



PHOENIX AZ 852
 6 FEB 2024 PM 8 L



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

9590 9402 7316 2028 9593 96

United States Postal Service

RECEIVED

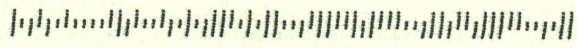
FEB - 9 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

040000



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:

Jacob H. Schramm
 P.O. Box 733
 Beulah, ND 58523-0733



9590 9402 7316 2028 9594 02

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3162

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Wayne A Schramm Agent
 Addressee

B. Received by (Printed Name)

WAYNE A. SCHRAMM Agent
 Addressee

C. Date of Delivery

2-7-24

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9594 02

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

United States Postal Service

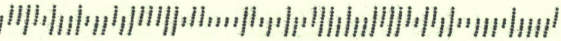
• Sender: Please print your name, address, and ZIP+4® in this box•

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

RECEIVED

FEB 12 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



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:

Betty Giese, Life Estate
 P.O. Box 1107
 Beulah, ND 58523-1107



9590 9402 7316 2028 9594 19

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3179

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Giese*

- Agent
- Addressee

B. Received by (Printed Name)

James Giese

C. Date of Delivery

3/2/2024

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

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

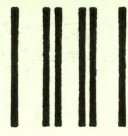
Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



2 FEB 2024 PM 1 L



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

9590 9402 7316 2028 9594 19

United States Postal Service

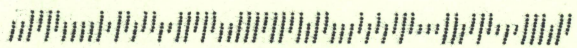
RECEIVED

FEB 5 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Basin Electric Power Cooperative
 c/o Mike Murray
 Property & Right of Way Division
 1717 East Interstate Avenue
 Bismarck, ND 58503-0564



9590 9402 7316 2028 9594 26

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3186

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Murray Agent
 Addressee

B. Received by (Printed Name)

M. Murray

C. Date of Delivery

1/30/22

D. Is delivery address different from item 1? Yes

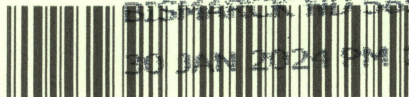
If YES, enter delivery address below: No

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9594 26

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

United States Postal Service

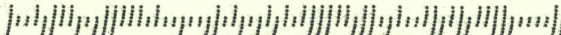
RECEIVED

FEB 1 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Karen A. Walz, Life Estate
 5103 Fountain Blue Drive
 Bismarck, ND 58503-8893



9590 9402 7316 2028 9594 33

Article Number (Transfer from service label)

7022 3330 0000 7993 3193

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Karen Walz

C. Date of Delivery

1-29

- 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

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

Domestic Return Receipt

USPS TRACKING#



BISMARCK ND 585

29 JAN 2024 PM 1 L

9590 9402 7316 2028 9594 33

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

United States Postal Service

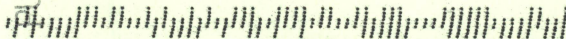
• Sender: Please print your name, address, and ZIP+4® in this box •

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



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:

Dennis & Corrine Flemmer
 6450 County Road 26
 Zap, ND 58580-9610



9590 9402 7316 2028 9594 40

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3209

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D Flemmer*

- Agent
- Addressee

B. Received by (Printed Name)

D Flemmer

C. Date of Delivery

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9594 40



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

United States Postal Service

RECEIVED

JAN 31 2017

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

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:

Sarah N. Bauer & GERAL D. Bauer
 Sarah Bauer Living Trust
 P.O. Box 272
 Stanton, ND 58571-0272



9590 9402 7316 2028 9594 57

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3216

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sarah Bauer Agent
 Addressee

B. Received by (Printed Name)

Sarah Bauer

C. Date of Delivery

1-30-29

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

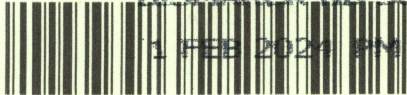
3. Service Type

- 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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9594 57

BISMARCK ND 585

1 FEB 2024 PM 1 L

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

United States Postal Service

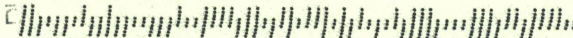
• Sender: Please print your name, address, and ZIP+4® in this box •

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

RECEIVED

FEB 5 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



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:

Donald & Caroline I. Boeckel
 6260 7th St. SW
 Beulah, ND 58523-9416



9590 9402 7316 2028 9594 64

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3223

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Don Boeckel*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

Domestic Return Receipt

USPS TRACKING# ND 585



29 JAN 2024 PM 11 L



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

9590 9402 7316 2028 9594 64

United States Postal Service

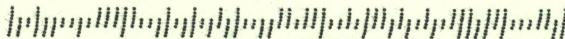
Sender: Please print your name, address, and ZIP+4® in this box®

RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Linette Buchfink
762 67th Ave. SW
Zap, ND 58580-9602



9590 9402 7316 2028 9594 71

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3230

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Buchfink

- Agent
- Addressee

B. Received by (Printed Name)

M. Buchfink

C. Date of Delivery

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

3. Service Type

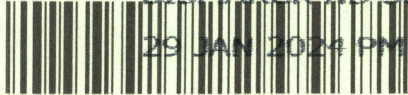
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585

29 JAN 2024 PM 1 L



9590 9402 7316 2028 9594 71

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

United States Postal Service

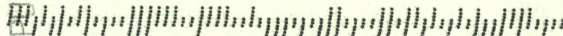
• Sender: Please print your name, address, and ZIP+4® in this box•

Reclamation Division
Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck, ND 58505-0480

RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



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:

Levi Dennis Flemmer
 6470 6th St. SW
 Zap, ND 58580



9590 9402 7316 2028 9594 88

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3247

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. Flemmer*

Agent

Addressee

B. Received by (Printed Name)

L. Flemmer

C. Date of Delivery

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

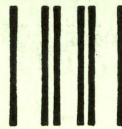
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9594 88



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

United States
Postal Service

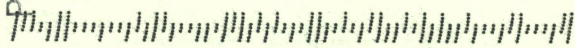
• Sender: Please print your name, address, and ZIP+4® in this box •

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

RECEIVED

JAN 31 2024

NORTH DAKOTA
PUBLIC SERVICE COMMISSION



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:

Dakota Gasification Company
 c/o Amy Spilman
 Property & Right-of-Way Division
 1717 East Interstate Avenue
 Bismarck, ND 58503-0564



9590 9402 7316 2028 9594 95

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3254

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Michael First 1/30/1

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

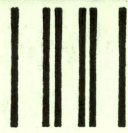
- 3. Service Type**
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

USPS TRACKING #



9590 9402 7316 2028 9594 95



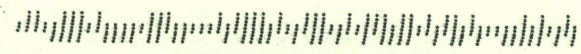
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

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

RECEIVED
FEB 1 2024
 NORTH DAKOTA
 PUBLIC SERVICE COMMISSION

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Darnell Boeckel
7558 101st St.
Lemmon, ND 57638



9590 9402 7316 2028 9595 18

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3278

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Darnell Boeckel*

- Agent
- Addressee

B. Received by (Printed Name)

Darnell Boeckel

C. Date of Delivery

1-31-24

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

3. Service Type

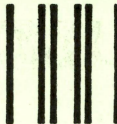
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9595 18



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

United States Postal Service

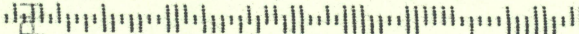
RECEIVED

FEB 5 2024

NORTH DAKOTA

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

Reclamation Division
Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck, ND 58505-0480



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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brenda Kisse*

- Agent
- Addressee

B. Received by (Printed Name)

Brenda Kisse

C. Date of Delivery

2/2/2024

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

North American Coal & Royalty Company
600 Schafer St., Suite D
Bismarck, ND 58501-1204



9590 9402 7316 2028 9595 25

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3285

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 7316 2028 9595 25



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

United States
Postal Service

RECEIVED

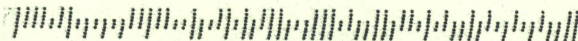
FEB 5 2024

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

Reclamation Division
Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck, ND 58505-0480

04 00 00



K2C K2C 25 301 K2C 25 302

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 *K. Flemmer* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
K. Flemmer

1. Article Addressed to:

Keshia Flemmer
 6450 County Road 26
 Zap, ND 58580



9590 9402 6880 1104 0450 18

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

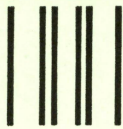
2. Article Number (Transfer from service label)
 7022 3330 0000 7993 3292

3. Service Type Priority Mail Express®

- Adult Signature Registered Mail™
- Adult Signature Restricted Delivery Registered Mail Restricted Delivery
- Certified Mail® Signature Confirmation™
- Certified Mail Restricted Delivery Signature Confirmation 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 #



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

9590 9402 6880 1104 0450 18

United States Postal Service

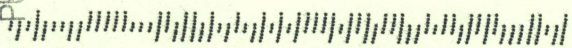
• Sender: Please print your name, address, and ZIP+4® in this box•

RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Tanner D. & Nancy M. Reinhardt
 6480 3rd St. SW
 Zap, ND 58580-9613



9590 9402 6880 1104 0450 25

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3308

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X *T. D. Reinhardt*

B. Received by (Printed Name) *T. D. Reinhardt* C. Date of Delivery

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

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

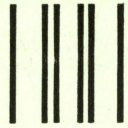
Domestic Return Receipt

USPS TRACKING #



9590 9402 6880 1104 0450 25

BISMARCK ND 585
 30 JAN 2024 PM 1 L



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

United States Postal Service

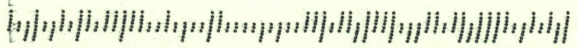
RECEIVED

FEB 1 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



9590 9402 6880 1104 0450 32

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
 Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

1. Article Addressed to:

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

North Dakota Department of Trust Lands
 P.O. Box 5523
 Bismarck, ND 58506-5523

Per Joseph Stegmiller, document has been received. as of 2/16/2024 via email confirmation



9590 9402 6880 1104 0450 32

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

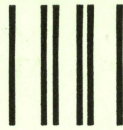
7022 3330 0000 7993 3315

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

USPS TRACKING #



9590 9402 6880 1104 0450 32



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

JAN 30 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

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:

Mark & Carol Herrmann
 1402 S Meadow Brook Ct
 Gillette, WY 82718-5668



9590 9402 6880 1104 0450 49

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3322

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carol Herrmann Agent
 Addressee

B. Received by (Printed Name)

Carol Herrmann

C. Date of Delivery

1-31-24

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

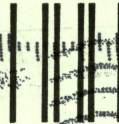
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 6880 1104 0450 49



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

United States Postal Service

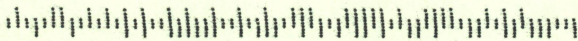
RECEIVED

FEB - 6 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Betty Scott
 P.O. Box 297
 Osburn, ID 83849



9590 9402 6880 1104 0450 63

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3346

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betty Scott* Agent
 Addressee

B. Received by (Printed Name)

Betty Scott

C. Date of Delivery

1130124

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

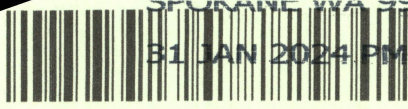
3. Service Type

- 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

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

Domestic Return Receipt

USPS TRACKING #
 SPOKANE WA 990



31 JAN 2024 PM 3 L

9590 9402 6880 1104 0450 63

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

United States Postal Service

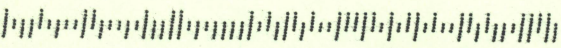
RECEIVED

FEB 5 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Coteau for the Life of Irma Bitner
 Remainderman to Brian Bitner
 751 80th St NE
 Bismarck, ND 58501



9590 9402 6880 1104 0450 87

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3360

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

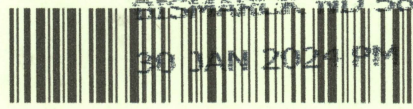
3. Service Type

- 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

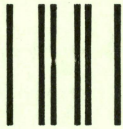
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 6880 1104 0450 87



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

United States Postal Service

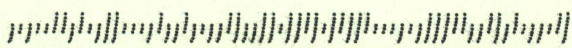
RECEIVED

FEB 5 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Chance Wilhelm
 C/O Kelly L. Wilhelm
 6295 County Road 26
 Zap, ND 58580-9612



9590 9402 6880 1104 0450 94

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3377

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Kelly Wilhelm Addressee

B. Received by (Printed Name) *K. Wilhelm* C. Date of Delivery

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

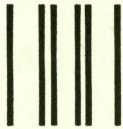
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING# BISMARCK ND 585



29 JAN 2024 PM 1 L



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

9590 9402 6880 1104 0450 94

United States Postal Service

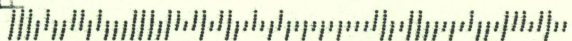
RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Hertha Mittelsteadt, Life Estate
 c/o Cheryl Mittelsteadt
 Attorney-in-Fact
 6350 County 26
 Zap, ND 58580-9611



9590 9402 6880 1104 0451 17

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3391

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *C. Mittelsteadt* Agent
 Addressee

B. Received by (Printed Name) *C. Mittelsteadt*
 C. Date of Delivery

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

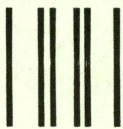
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



29 JAN 2024 PM 1 L



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

9590 9402 6880 1104 0451 17

United States Postal Service

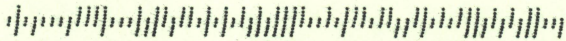
RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480



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:

Clyde C. & Cheryl Mittelsteadt
 6350 County 26
 Zap, ND 58580-9611



9590 9402 6880 1104 0451 31

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3414

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *C.M. Mittelsteadt* Agent
 Addressee

B. Received by (Printed Name) *Cheryl Mittelsteadt* C. Date of Delivery

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

USPS TRACKING#



9590 9402 6880 1104 0451 31



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

United States Postal Service

RECEIVED

JAN 31 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Reclamation Division
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

