

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:

Wade Mann
 Crowley-Fleck, PLLP
 100 West Broadway, Suite 250
 Bismarck, ND 58501



9590 9402 8851 4005 0407 88

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6572 05

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes

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)

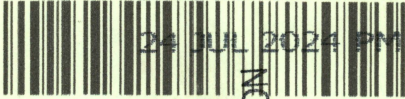
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



24 JUL 2024 PM 1 L

9590 9402 8851 4005 0407 88

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

United States Postal Service

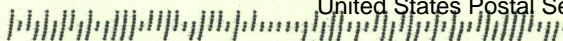
RECEIVED

JUL 26 2024

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

DECLAMATION DIVISION
 PUBLIC SERVICE COMMISSION
 600 E Boulevard Ave Dept 408
 Bismarck, ND 58505-0480

NORTH DAKOTA PUBLIC SERVICE COMMISSION



KL-20-310

SENDER: COMPLETE THIS SECTION

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- 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

**Derrick Braaten
Braaten Law Firm
109 N. 4th St. Suite 100
Bismarck, ND 58501**



9590 9402 8851 4005 0407 95

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)	

1589 0710 5270 1582 7575 01

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

USPS TRACKING#
BISMARCK ND 585
24 JUL 2024 PM 11

90 9402 8851 4005 0407 95

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

United States Postal Service

RECEIVED

JUL 26 2024

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**

NORTH DAKOTA PUBLIC SERVICE COMMISSION

