

**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:

**Minnkota Power Co-op**  
**5301 32nd Avenue South**  
**Grand Forks, ND 58201**



9590 9402 8606 3244 8867 08

7022 3330 0000 7993 3421

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

B. Received by (Printed Name)

John Johnson

C. Date of Delivery

2/5/24

- Agent
- Addressee

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

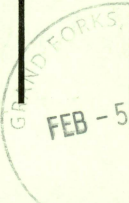
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8606 3244 8867 08



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

**United States Postal Service**

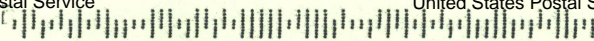
RECEIVED

FEB - 7 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:

Janet L.J. Dohmann  
 Revocable Trust  
 9721 3rd Street SW  
 Taylor, ND 58656



9590 9402 8147 3030 8006 06

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3445

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Janet Dohmann  Agent  
 Addressee

B. Received by (Printed Name)

Janet Dohmann  Agent  
 2-5-24  Addressee

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

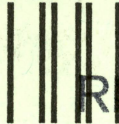
USPS TRACKING#

BISMARCK ND 585



6 FEB 2024 PM 1 L

9590 9402 8147 3030 8006 06



RECEIVED

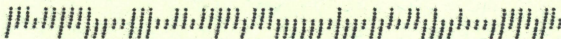
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

FEB - 8 2024

United States Postal Service

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

NORTH DAKOTA  
 PUBLIC SERVICE COMMISSION  
 Reclamation Division  
 Public Service Commission  
 600 E Boulevard Ave Dept 408  
 Bismarck, ND 58505-0480



100 20 397 500

**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 *[Handwritten Signature]*  Agent  Addressee

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

1. Article Addressed to:

Gary Lenius  
 4985 Hwy 200  
 Hazen, ND 58545



9590 9402 8147 3030 8005 90


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 3452

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) |   |

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

**USPS TRACKING#**  
 BISMARCK ND 585



9 FEB 2024 PM 1 L

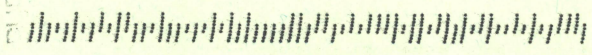
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

9590 9402 8147 3030 8005 90

RECEIVED  
 FEB 12 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



100 05 571 500

**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  
 *Danita Deichert*  Agent  
 Addressee

B. Received by (Printed Name) *Danita Deichert* C. Date of Delivery *2-6-24*

1. Article Addressed to:

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

Danita Deichert  
 4609 Borden Harbor Drive  
 Mandan, ND 58554



9590 9402 8147 3030 8005 83

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3469

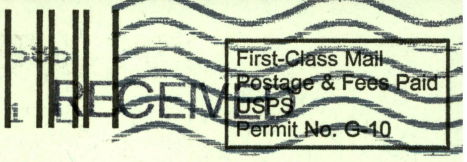
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered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



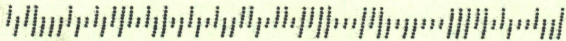
9590 9402 8147 3030 8005 83



**United States Postal Service**

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

NORTH DAKOTA  
 PUBLIC SERVICE COMMISSION  
 Reclamation Division  
 Public Service Commission  
 600 E Boulevard Ave Dept 408  
 Bismarck, ND 58505-0480



KE 20 277 JW

**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  Agent  
 Addressee  
*X Jason Erason*

B. Received by (Printed Name)  Agent  
**JASON ERASON**

C. Date of Delivery  Addressee  
**2/7/24**

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

1. Article Addressed to:

**Doretta Bornemann  
 3017 Hillside Road NW  
 Mandan, ND 58554**



9590 9402 8147 3030 8005 76

2. Article Number (Transfer from service label)

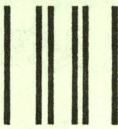
**7022 3330 0000 7993 3476**

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  Signature Confirmation Restricted 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#  
 BISMARCK ND 585**



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

9590 9402 8147 3030 8005 76

**United States  
 Postal Service**

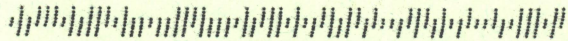
RECEIVED

FEB 12 2024

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:

Robert Erhardt  
 23 Main Street  
 PO Box 179  
 San Quentin Village, CA 94964



9590 9402 8147 3030 8005 52

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3490

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Robert Erhardt  Agent  
 Addressee

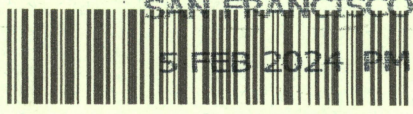
B. Received by (Printed Name) Robert Erhardt  
 C. Date of Delivery 2/5/24

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#



SAN FRANCISCO CA 940

5 FEB 2024 PM 2 L

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

9590 9402 8147 3030 8005 52

United States Postal Service

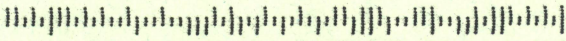
RECEIVED

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



120 05 249 SW

**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.

1. Article Addressed to:

**Sheryl Ann Williams**  
**15710 Virginia Fern Way**  
**Houston, TX 77059**



9590 9402 8147 3030 8005 45

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3506

A. Signature

X

Agent

Addressee

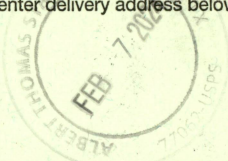
B. Received by (Printed Name)

Sheryl Ann Williams

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No



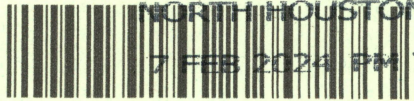
3. Service Type

- 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

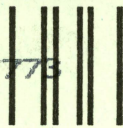
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



NORTH HOUSTON TX 77059  
7 FEB 2024 PM 7 L



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

9590 9402 8147 3030 8005 45

United States Postal Service

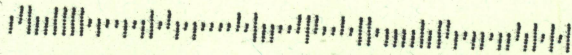
RECEIVED

FEB 12 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:

Delphine Vetter  
 512 NE 4th Street  
 Linton, ND 58552



9590 9402 8147 3030 8005 21

2. Airmail Number (Transfer from service label)

7022 3330 0000 7993 3520

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Delphine Vetter*  Agent  
 Addressee

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



BISMARCK ND 585

7 FEB 2024 PM 1 L

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

9590 9402 8147 3030 8005 21

United States Postal Service

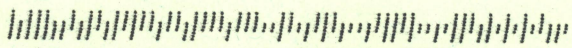
• Sender: Please print your name, address, and ZIP+4® in this box •

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:

Kasper Kraft Le  
 2847 35th Avenue  
 New Salem, ND 58563

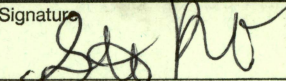


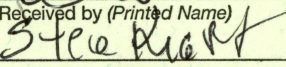
9590 9402 8147 3030 8005 07

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3544

**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#**



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

9590 9402 8147 3030 8005 07

**United States Postal Service**

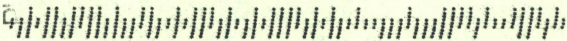
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

FEB - 7 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:

Department of Trust Lands  
 1707 N 9th Street  
 PO Box 5523  
 Bismarck, ND 58506-5523



9590 9402 8147 3030 8004 91

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3551

**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

*Per Joseph Stegmiller, via email,  
 document has been received as  
 of 2/6/2024*

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

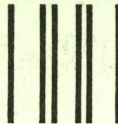
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8147 3030 8004 91



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 - 6 2024**

**NORTH DAKOTA PUBLIC SERVICE COMMISSION**

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

100 10 JAN 20

**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  
 *Jerry Reuther*  
 Agent  
 Addressee

Received by (Printed Name)  Date of Delivery  
 2/5/24

1. Article Addressed to:

**Jerry Reuther**  
**405 East Denver Avenue**  
**Bismarck, ND 58504-6525**

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



9590 9402 8147 3030 8004 77

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3575

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)	

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8004 77

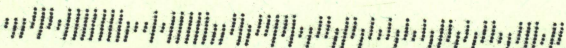
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

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

RECEIVED  
 FEB - 7 2024  
 NORTH DAKOTA  
 SERVICE COMMISSION

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



KE 10 JAN 20

**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 Shulz**  
**4519 Eagle Mountain Drive**  
**Sharks, NV 89436**



9590 9402 8147 3030 8004 60

2. Article Number (Transfer from service label)

7022 3330 0000 7993 358

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Ka*

Agent

Addressee

B. Received by (Printed Name)

*Karen Shulz*

C. Date of Delivery

*2/5*

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

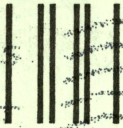
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8004 60



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

**United States Postal Service**

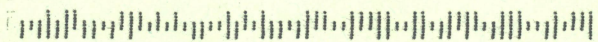
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

FEB - 9 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:

Kent Reuther  
 3610 27th Street SW  
 New Salem, ND 58563



9590 9402 8147 3030 8004 53

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3599

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kent Reuther*  Agent  
 Addressee

B. Received by (Printed Name)

*Kent Reuther*

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

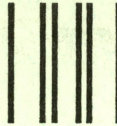
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8004 53



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

United States  
Postal Service

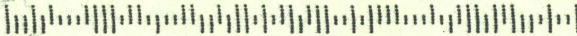
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

FEB 12 2024

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION



10 10 249 500

**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 *Janelle Reuther*  Agent  Addressee

B. Received by (Printed Name) *Janelle Reuther* C. Date of Delivery *2-5-24*

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

1. Addressed to:  
  
 Keith Reuther  
 3612 27th Street SW  
 New Salem, ND 58563



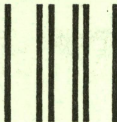
9590 9402 8147 3030 8004 46

2. Article Number (Transfer from service label)  
 7022 3330 0000 7993 3605

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



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

9590 9402 8147 3030 8004 46

United States Postal Service

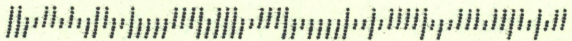
RECEIVED

FEB - 7 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



100 65 047 070

**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:

Winifred Keller  
 PO Box 1141  
 Mandan, ND 58554



9590 9402 8147 3030 8004 39

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3612

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Doug Keller*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Doug Keller* *2-6-24*

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

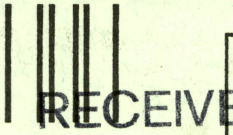
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8004 39



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

FEB - 8 2024

United States Postal Service

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

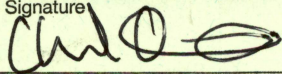
NORTH DAKOTA  
 Reclamation Division PUBLIC SERVICE COMMISSION  
 Public Service Commission  
 600 E Boulevard Ave Dept 408  
 Bismarck, ND 58505-0480

CC 10 749 700

**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)  
 Check Kuehler

C. Date of Delivery

1. Article Addressed to:

Charles & Doris Kuehler  
 3555 28th Street SW  
 New Salem, ND 58563

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



9590 9402 8147 3030 8004 22

2. Article Number (Transfer from service label)

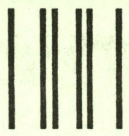
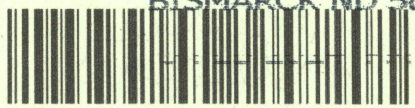
7022 3330 0000 7993 3629

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



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

9590 9402 8147 3030 8004 22

United States Postal Service

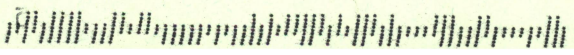
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

FEB - 7 2024

NORTH DAKOTA 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:

Thomas Pfliger  
 200 11th Street NW  
 Mandan ND 58554



9590 9402 8147 3030 8004 15

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3636

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Thomas Pfliger*

- Agent
- Addressee

B. Received by (Printed Name)

THOMAS PFLIGER

C. Date of Delivery

02-07-22

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

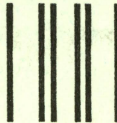
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8004 15



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

United States Postal Service

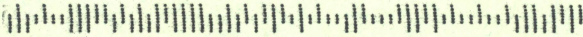
RECEIVED

FEB 12 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



100 20 299 JW

**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  Agent  
 Addressee

*Dale Pfifer*

B. Received by (Printed Name)  Agent  
 Addressee

*Dale*

C. Date of Delivery  
*2/5/27*

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

1. Article Addressed to:

**Dale Pfifer**  
**1732 Golf Drive**  
**Bismarck, ND 58503**



9590 9402 8147 3030 8004 08

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3643

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



9590 9402 8147 3030 8004 08

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

United States Postal Service

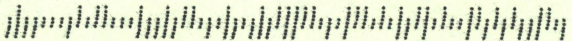
RECEIVED

FEB - 7 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:

Douglas D & Deberra K Doll Life Estate  
 901 Faye Avenue North  
 Mandan, ND 58554

**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



9590 9402 8147 3030 8003 92

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3650

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



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

9590 9402 8147 3030 8003 92

United States  
Postal Service

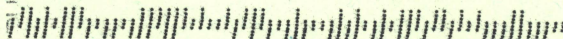
RECEIVED

FEB - 7 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:

James & Bonita Pazdernik Life Estate  
208 North 2nd Street  
New Salem, ND 58563

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Bonita Pazdernik*

- Agent
- Addressee

B. Received by (Printed Name)

*Bonita Pazdernik*

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

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3667

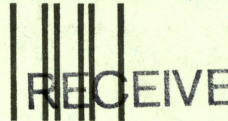
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#  
BISMARCK ND 585



9590 9402 8147 3030 8003 85



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

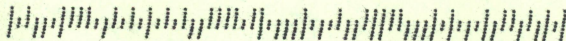
FEB - 8 2024

United States  
Postal Service

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

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:

Doll Farm Enterprises  
 3997 36th Street SW  
 New Salem, ND 58563



9590 9402 8147 3030 8003 61

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3681

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X David Bell

Agent

Addressee

B. Received by (Printed Name)

David Bell

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

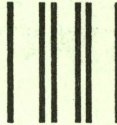
Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



7 FEB 2024 PM 11



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

9590 9402 8147 3030 8003 61

United States Postal Service

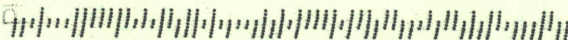
RECEIVED

FEB 12 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



KC 65 395 300

**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  Agent  
 *Helen Pfleger*  Addressee

B. Received by (Printed Name) *Helen Pfleger* C. Date of Delivery *2-5-24*

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

1. Article Addressed to:

Helen Pfleger  
 100 1st St NW #302  
 Mandan, ND 58554



9590 9402 8147 3030 8003 30

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3711

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)

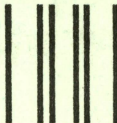
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8003 30



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

United States Postal Service

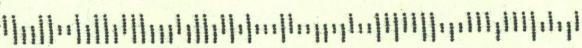
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

FEB - 7 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



KE 10 049 300

**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:

Rosalie Dingus  
 4512 Whitetail Lane  
 Bismarck, ND 58504



9590 9402 8147 3030 8003 23

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3728

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Rosalie Dingus*  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

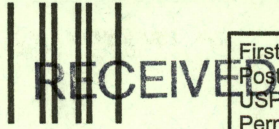
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8147 3030 8003 23



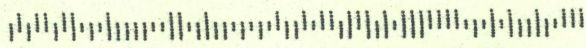
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

FEB 22 2024

**United States  
Postal Service**

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

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 R Fuchs  
 18671 Fairweather  
 Canyon Country, CA 91351



9590 9402 8147 3030 8003 16

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3735

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

M Fuchs

C. Date of Delivery

02/18/24

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

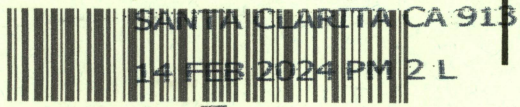
3. Service Type

- 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#



SANTA CLARITA CA 913  
14 FEB 2024 PM 2 L

9590 9402 8147 3030 8003 16

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®

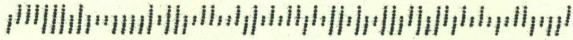
Reclamation Division  
 Public Service Commission  
 600 E Boulevard Ave Dept 408  
 Bismarck, ND 58505-0480

RECEIVED

FEB 20 2024

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

9590 9402 8147 3030 8003 16

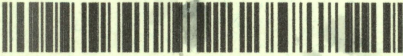


**SENDER: COMPLETE THIS SECTION**

- 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:

Jack B Fuchs  
 15409 Rhododendron Drive  
 Canyon Country, CA 91351



9590 9402 8147 3030 8003 09

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3742

**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)

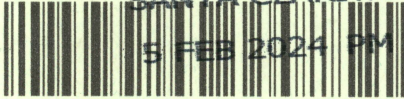
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#

SANTA CLARITA CA 913



5 FEB 2024 PM 5 L

9590 9402 8147 3030 8003 09

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

United States  
Postal Service

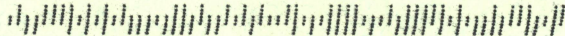
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

FEB - 9 2024

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION



KC 15 JAN 2024

**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  Agent  
 Addressee



B. Received by (Printed Name)  Agent  
 Addressee

Tina Dresser 2-5-24

1. Article Addressed to:

Brian Dresser  
 2574 37th Ave SW  
 Center, ND 58530



9590 9402 8147 3030 8002 86

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 3766

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  Signature Confirmation Restricted 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#



9590 9402 8147 3030 8002 86



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

United States Postal Service

RECEIVED

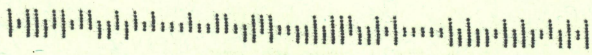
FEB - 7 2024

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

580480 0054



KC 40 JAN 500

**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  
*David Porsborg*  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

David & Karen Porsborg  
 2722 37th Avenue SW  
 New Salem, ND 58563



9590 9402 8147 3030 8002 62

2. Article Number (Transfer from service label)

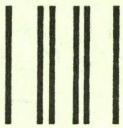
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
  - Registered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

7022 3330 0000 7993 3780

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

Domestic Return Receipt

USPS TRACKING# BISMARCK ND 585



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

9590 9402 8147 3030 8002 62

United States Postal Service

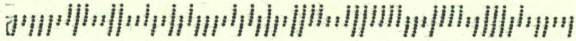
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

FEB - 7 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



PC WJ 397 JUD

**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 *Kim Reinke*  Agent  Addressee

B. Received by (Printed Name) *Kim Reinke* C. Date of Delivery *2-15-24*

1. Article Addressed to:

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

**Brian & Kimberly Reinke**  
**1106 E Highland Acres Road**  
**Bismarck, ND 58501**



9590 9402 8147 3030 8002 48

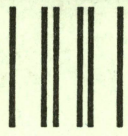
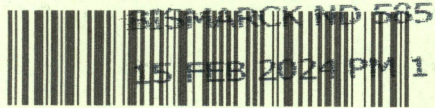
2. Article Number (Transfer from service label)

7022 3330 0000 7993 3803

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 7530-02 300-9053 Domestic Return Receipt

**USPS TRACKING#**



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

9590 9402 8147 3030 8002 48

**United States Postal Service**

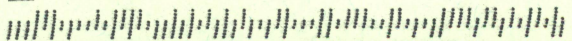
• Sender: Please print your name, address, and ZIP+4® in this box•

RECEIVED

FEB 20 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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



W 07 JAN 200

**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 BRI  Agent  Addressee

B. Received by (*Printed Name*) Ben Reinke C. Date of Delivery 2/15/24

1. Article Addressed to:

Benjamin Reinke  
 1215 Columbia Drive  
 Bismarck, ND 58504



9590 9402 8147 3030 8002 31

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

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

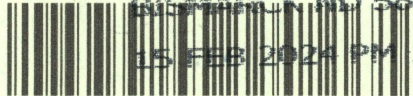
7022 3330 0000 7993 3810

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#



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

9590 9402 8147 3030 8002 31

United States Postal Service

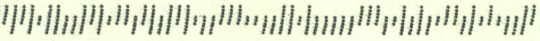
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

FEB 20 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:

Elizabeth Wagendorf  
 948 Striker Avenue  
 West St. Paul, MN 55118



9590 9402 8147 3030 8002 24

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3827

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kelly Moore*

Agent

Addressee

B. Received by (Printed Name)

*Kelly Moore*

C. Date of Delivery

*7-5*

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#



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

9590 9402 8147 3030 8002 24

United States Postal Service

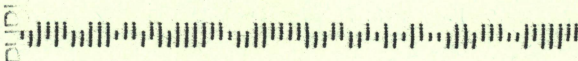
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

FEB - 9 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:

David O Berger & Debra A Berger  
 2531 37th Ave SW  
 Center, ND 58530

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Debra Berger*  Agent  Addressee

B. Received by (Printed Name) *Debra Berger* C. Date of Delivery *2-5-24*

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



9590 9402 8147 3030 8002 17

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3834

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

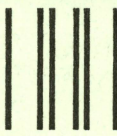
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8147 3030 8002 17



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

**United States Postal Service**

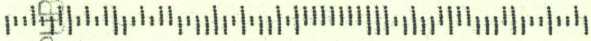
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

FEB - 7 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



CC TO JAY JOO

**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  Agent  
 Addressee  
 X *Lee Dresser*

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

1. Article Addressed to:

Lee Dresser  
 PO Box 683  
 Riverdale, ND 58565



9590 9402 8147 3030 8002 00

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3841

3. Service Type  Priority Mail Express®  
 Registered Mail™
- Adult Signature  Registered Mail Restrict
  - Adult Signature Restricted Delivery  Registered Mail Restrict
  - Certified Mail®  Delivery
  - Certified Mail Restricted Delivery  Signature Confirmation™
  - Collect on Delivery  Signature Confirmation
  - Collect on Delivery Restricted 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#**



9590 9402 8147 3030 8002 00



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 13 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

LC 10 244 500

**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 *Jos Brandt*  Agent  Addressee

B. Received by (Printed Name)  
 LES BRANDT

C. Date of Delivery

1. Article Addressed to:

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

Burton & Etheleen Enterprises, LLC  
 365 County Road 139  
 New Salem, ND 58563



9590 9402 8147 3030 8001 94

2. Article Number (Transfer from service label)

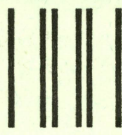
7022 3330 0000 7993 3858

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#



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

9590 9402 8147 3030 8001 94

United States Postal Service

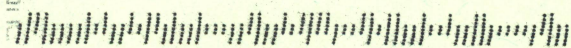
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

FEB - 7 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



VC 27-249 520

**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:

Jesse Lackman  
 3647 27th Ave SW  
 Center, ND 58530



9590 9402 8147 3030 8001 87

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3865

**COMPLETE THIS SECTION, ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Jesse Lackman*

B. Received by (Printed Name) *Jesse Lackman* C. Date of Delivery *2-5-24*

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

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

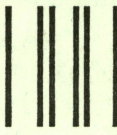
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 8147 3030 8001 87



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

United States Postal Service

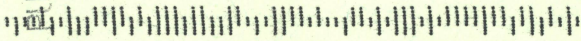
RECEIVED

FEB - 7 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:

Russel Hoesel  
 3370 County Road 84  
 New Salem, ND 58563



9590 9402 8147 3030 8001 70

2. Article Number (Transfer from service label)

7022 3330 0000 7993 3872

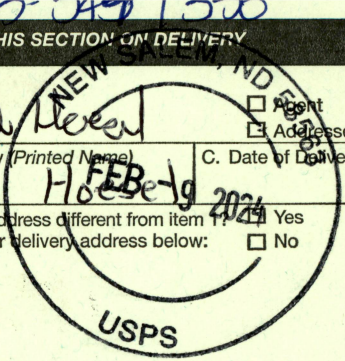
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Russell Hoesel  Agent  Addressee

B. Received by (Printed Name)  
 Russell Hoesel

C. Date of Delivery  
 FEB 19 2024

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



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



9 FEB 2024 PM 1 L



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

9590 9402 8147 3030 8001 70

United States Postal Service

RECEIVED

FEB 12 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

