

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:

John B. Coffman
 John B. Coffmann, LLC
 871 Luxedo Blvd.
 St. Louis, MO 63119-2044
 Cert. No. 9589 0710 5270 0129 6578 54
 PU-23-367

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J B Coff*
 B. Received by (Printed Name)
John Coffman

- Agent
- Addressee

C. Date of Delivery
7/16/24

D. Is delivery address different from item 1? Yes
or delivery address below: No

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Return Receipt

United States Postal Service



9590 9402 8849 4005 9631 05

9589 0710 5270 0129 6578 54

- 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 8849 4005 9631 05

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

JUL 22 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

ND Public Service Commission
 Attn: Public Utilities Division
 600 E Boulevard Ave. Dept. 408
 Bismarck, ND 58505-0480

