Pu-24-86 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name C. Date of Delivery Attach this card to the back of the mailpiece. ervance or on the front if space permits. 1 Addressed to ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: City of Plaza Terry Reese, Mayor/City Counsil Pages: 5 13 PU-24-86 Filed 04/01/2024 Plaza Municipal Building Return Receipt (5) PO Box 188 Plaza, ND 58771 United States Postal Service Cert. No. 9589 0710 5270 1582 7543 02 Case No. PU-24-86 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery ☐ Signature Confirmation™ Certified Mail Restricted Delivery 9590 9402 8147 3030 8130 88 ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail 9589 0710 5240 1582 7543 ☐ 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

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

. 24-86 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: П No Y Planning & Zoning Melissa Va PO Box 48 Stanley ND 58784 Cert. No. 9589 0710 5270 1582 7542 89 Case No. PU-24-86 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 9590 9402 8147 3030 8130 71 ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery 9589 0710 5270 1582 7542 89 (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 3030 8130 **United States** Sender: Please print your name, address, and ZIP+4® in this box Postal Service ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480 

Pu.24-86	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Ward County Planning/Zoning Administrator Beth Piets th PO Box 95 Minot, N 8702 Cert. N 89 0710 5270 1582 7542 72 Case N J-24-86	D. Is delivery address different from item 1? ☐ Yes / If YES, enter delivery address below: ☐ No
9590 9402 8147 3030 8130 57  2. Article Number ( <i>Transfer from service label</i> )	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail
9589 0710 5270 1582 7542 72	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
USPS TRACKING# 50 SMARCK ND 585 28 MAR 2024PM 1	First-Class Mail Postage & Fees Paid USPS Permit No. G-10

**United States Postal Service** 

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## - 24-86 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. 3-28-24 or on the front if space permits. 1 alcal D. Is delivery address different from item 1? If YES, enter delivery address below: No. Chairman - Ward County Commission John Fieldahl 301 SW 254th St Berthold, ND 58718 Cert. No. 9589 0710 5270 1582 7543 19 Case No. PU-24-86 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery ☐ Certified Mail Restricted Delivery 9590 9402 8147 3030 8130 95 ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery 9589 0710 5240 1582 753 (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 DEDE 81.30 **United States** Sender: Please print your name, address, and ZIP+4® in this box **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480

Pu-24-86 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. A.diala Addusasad to D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No Auditor - Ward County Marisa Haman PO Box 5005 Minot, ND 58702-5005 Cert. No. 9889 0710 5270 1582 7543 26 Case No. 23-24-86 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 8147 3030 8131 01 Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery 9589 0710 5270 1582 7543 (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 8147 3030 8131 **United States**  Sender: Please print your name, address, and ZIP+4® in this box **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480