

PU-24-86

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:

Auditor – Mountrail County
 Stephanie Pappa
 101 N Main Street
 Stanley, ND 58784
 Cert. No. 9589 0710 5270 1582 7555 38
 Case No. PU-24-86



9590 9402 8147 3030 8012 69

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7555 38

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X

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

Tyler Davies 7/10

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

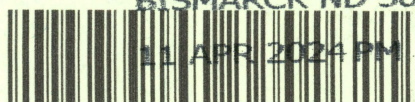
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 Return Receipt

United States Postal Service

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



9590 9402 8147 3030 8012 69



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

United States
 Postal Service

RECEIVED

APR 15 2024

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION

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

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

