

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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lisa Rask* Agent Addressee

B. Received by (Printed Name) *LISA RASK* C. Date of Delivery *8-9-24*

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

Derrick Braaten
Braaten Law Firm
109 North Fourth Street Suite 100
Bismarck, ND 58501

20 RC-24-244 Filed 08/12/2024 Pages: 1
 Return Receipt (1)
 United States Postal Service



9590 9402 8849 4005 9536 18

2. Article Number (Transfer from service label)

1022 3330 0000 7993 6422

- 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 9536 18

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

AUG 12 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

ND Public Service Commission
Attn: AML/Reclamation
600 E Boulevard Ave Dept. 408
Bismarck, ND 58505-0480

