

KL 144-242

**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:

**Herrick Braaten**  
**Attorney-At-Law**  
**109 N. 4th St. Suite 100**  
**Bismarck, ND 58501**



9590 9402 8851 4005 0401 77

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6574 03

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Sheldon Zaste*  Agent  
 Addressee

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

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

36 RC-24-244 Filed 10/03/2024 Pages: 1  
 Return Receipt (1)  
 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

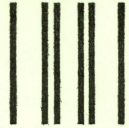
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8851 4005 0401 77



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

**United States Postal Service**

RECEIVED

OCT 3 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**

