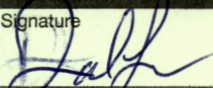


DM-24-293

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Attach this card to the back of the mailpiece, or on the front if space permits.

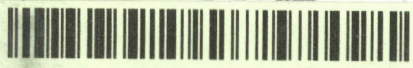
COMPLETE THIS SECTION ON DELIVERY

A. Signature   Agent  
 Addressee

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

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

Corporation Service Company  
 Registered Agent for North Central  
 Service, Inc. (dba Central Service Incorporated)  
 418 N 2nd St  
 Bismarck ND 58501



9590 9402 8849 4005 9534 96

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6595 68

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery (00)
- 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

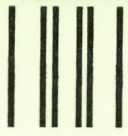
Domestic Return Receipt

USPS TRACKING#



BISMARCK ND 585

3 APR 2025 PM 1 L



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

9590 9402 8849 4005 9534 96

United States Postal Service

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

PUBLIC SERVICE COMMISSION  
 600 E BOULEVARD AVE DEPT 408  
 BISMARCK ND 58505-0480

RECEIVED

APR 4 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION

