

DM-24-368

SENDER: COMPLETE THIS SECTION

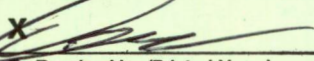
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C T Corporation System
 Registered Agent for
 Jomax Construction Company, Inc.
 120 W. Sweet Ave.
 Bismarck, ND 58504

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

Miserwidul

C. Date of Delivery

7/18/25

- D. Is delivery address different from item 1? Yes No**
 If delivery address below: No

9 DM-24-368 Filed 07/10/2025 Pages: 1
 Return Receipt

United States Postal Service



9590 9402 8375 3156 6469 05

2. Article Number (Transfer from service label)

9589 0710 5270 0336 3996 53

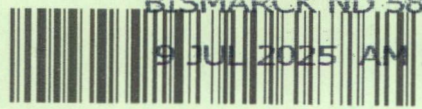
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



9 JUL 2025 AM 1 L



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

9590 9402 8375 3156 6469 05

United States
 Postal Service

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

RECEIVED

JUL 10 2025

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION

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

