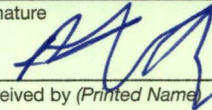


DM-24-368

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature  Agent
 Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery 7/14

1. Article Addressed to:

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

Brian Reynolds, President
Jomax Construction Company, Inc.
4312 10th St. Pl.
Great Bend, KS 67530-3446

11 DM-24-368 Filed 07/22/2025 Pages: 1
 Return Receipt

United States Postal Service



9590 9402 8849 4005 9528 02

2. Article Number (Transfer from service label)
9589 0710 5270 0336 3996 46

- 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 9528 02

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*

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

RECEIVED

JUL 22 2025

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION

