

RC-25-241 and RC-25-242

**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:

Honorable Roxanne Kapanko  
 President of City Commission  
 P.O. Box 168  
 Underwood, ND 58576-0168



9590 9402 7987 2305 9270 72

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2388 74

**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  
 If YES, enter delivery address below:  No

34 RC-25-241 Filed 03/11/2026 Pages: 2  
 Return Receipt (2) 3-11-26  
 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# BISMARCK ND 585



9590 9402 7987 2305 9270 72



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10  
 Pages: 2

20 RC-25-242 Filed 03/11/2026  
 Return Receipt (2) 3-11-26

United States Postal Service

United States Postal Service

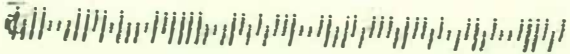
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

MAR 11 2026

NORTH DAKOTA PUBLIC SERVICE COMMISSION



RC-25-241 and RC-25-242

**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.

Mr. Mark Leim  
 City Commission President  
 907 Main Ave  
 PO Box 467  
 Washburn, ND 58577-0467



9590 9402 7987 2305 9270 89

2. Article Number (Transfer from service label)

9589 0716 5270 2708 2388 81

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *[Signature: F. Meadows]*  Agent  Addressee
- B. Received by (Printed Name)  
*F. Meadows*
- C. Date of Delivery  
 3-12-26
- D. Is delivery a restricted return item?  Yes  No  
 If YES, enter delivery address below:

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 #

BISMARCK ND 585



9590 9402 7987 2305 9270 89

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

United States Postal Service

NORTH DAKOTA

PUBLIC SERVICE U

• 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

RECEIVED

MAR 18 2026

