

RC-25-270

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Sheldy Justo* Agent Addressee

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

1. Article Addressed to: Is delivery address different from item 1? Yes
 or delivery address below: No

Derrick Braaten
 Braaten Law Firm
 109 N 4th St, Suite 100
 Bismarck ND 58501

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 Return Receipt (1) 6-3-26

United States Postal Service



9590 9402 9639 5199 3462 88

- Certified Mail®
- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Signature Confirmation™
- Certified Mail Restricted Delivery
- Signature Confirmation Restricted Delivery
- Collect on Delivery
- Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery

2. Article Number (Transfer from service label)

9589 0710 5270 0336 3997 52

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



2 JUN 2026 PM 11

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

9590 9402 9639 5199 3462 88

United States Postal Service

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

RECEIVED

JUN - 3 2026

North Dakota Public Service Commission
 Attn: Reclamation/AML
 600 E Boulevard Ave, Dept 408
 Bismarck, ND 58505

NORTH DAKOTA PUBLIC SERVICE COMMISSION

