PU-26-164

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:

Kim Kabanuck
701 345th Ave SE
Max, ND 58759-9564
Cert. No. 9589 0710 5270 2708 2385 60
Case No. PU-26-164

9590 9402 9511 5069 7944 42

2. Article Number *(Transfer from service label)*

9589 0710 5270 2708 2385 60

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kim Kabanuck ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Kim Kabanuck

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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Return Receipt

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
11 JUL 2026 AM 1 L

9590 9402 9511 5069 7944 42

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•

RECEIVED
JUL 14 2026
ND Public Service Commission

ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave Dept. 408
Bismarck, ND 58505-0480