

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

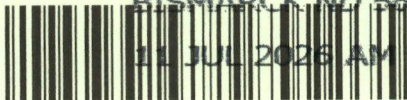
☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING #



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•

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

