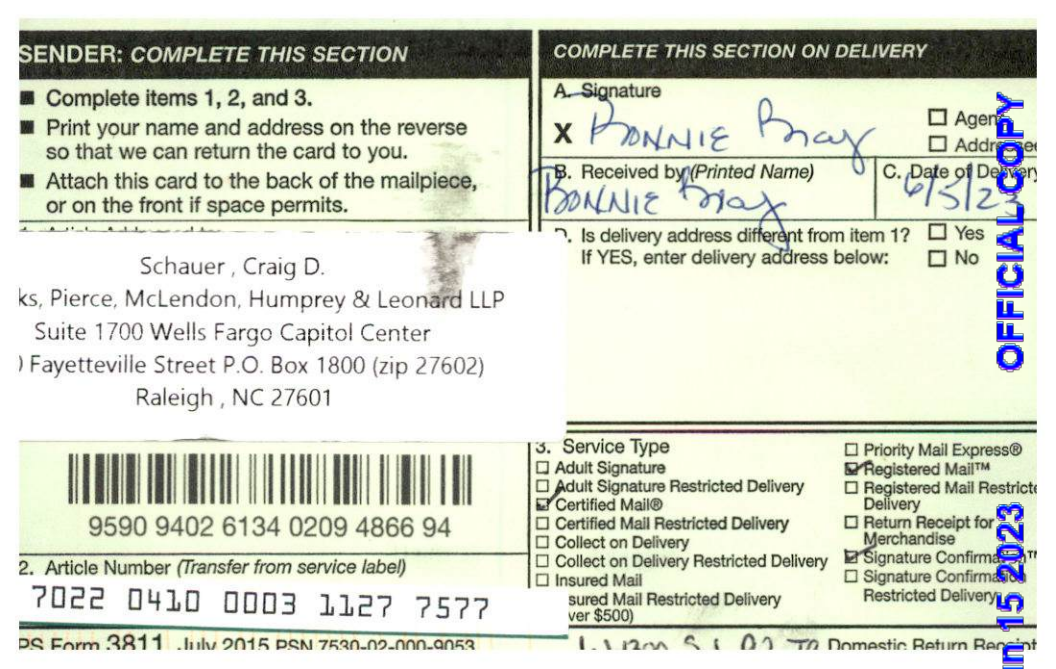

SENDER: *COMPLETE THIS SECTION*

- 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.

Schauer , Craig D.
ks, Pierce, McLendon, Humprey & Leonard LLP
Suite 1700 Wells Fargo Capitol Center
) Fayetteville Street P.O. Box 1800 (zip 27602)
Raleigh , NC 27601

9590 9402 6134 0209 4866 94

2. Article Number *(Transfer from service label)*
7022 0410 0003 1127 7577

PS Form 3811 July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X BONNIE Bray ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* BONNIE Bray C. Date of Delivery 6/5/23

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

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
- sured Mail Restricted Delivery ver $500)
- ☐ Priority Mail Express®
- ☑ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

OFFICIAL COPY

JUN 15 2023

USPS TRACKING #

9590 9402 6134 0209 4866 94

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•

NORTH CAROLINA UTILITIES COMMISSION
4325 MAIL SERVICE CENTER
RALEIGH, NC 27699-4300

5-31-23

FILED

JUN 13 REC'D

Clerk's Office
N.C. Utilities Commission

OFFICIAL COPY

Jun 15 2023