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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.
- Article Addressed to

Derek Braaten Braaten Law Firm 109 N 4th Street, Suite 100 Bismarck, ND 58501 Cert. No. 7021 1970 0000 3974 7142 Case No. PU-22-391



9590 9402 7316 2028 9580 16

2. Article Number (Transfer from service label)

7021 1970 0000 3974 7142

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: □ No Pages: 6 368 PU-22-391 Filed: 8/9/2023 Return Receipts (3) 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 ConfirmationTM
- ☐ Signature Confirmation
- Restricted Delivery

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

Domestic Return Receipt



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

United States
Postal Service

ANG 6 - 9NV

ND Public Service Commission
Attn: Public Utilities Division
Bismarck, ND 58505-0480

Pu-22-391

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

Lawrence Bender Fredrikson & Byron, P.A. 1133 College Drive Suite 1000 Bismarck, ND 58501-1215 Cert. No. 7021 2720 0000 4438 7948 Case No. PU-22-391



9590 9402 7316 2028 9579 03

2. Article Number (Transfer from service label) 7021 2720 0000 4438 7948

COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery arer D. Is delivery address different from item 1? If YES, enter delivery address below: □ No ☐ Priority Mail Express®

- 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)

- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation **Restricted Delivery**





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

9590 9402 7316 **2**028 9579 03

United States
Postal Service

Sender: Please print your name, address, and ZIP+4® in this box® SND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

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Pu-22-391

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

Steven Leibel David Knoll Knoll Leibel LLP PO Box 858 Bismarck, ND 58502-0858

Cert. No. 7021 2720 0000 4438 7986 Case No. PU-22-391



2. Article Number (Transfer from service label)

7021 2720 0000 4438 7986

A. Signature M Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

> ☐ Priority Mail Express® ☐ Registered Mail™

П No

- ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted □ Certified Mail Restricted Delivery
 - Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

Service Type

☐ Adult Signature

☐ Certified Mail®

☐ Signature Confirmation Restricted Delivery



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