PU-22-39 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature ■ Complete items 1, 2, and 3. M Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: □ No Steven Leibel David Knoll Knoll Leibel LLP PO Box 858 Bismarck, ND 58502-0858 Cert. No. 9589 0710 5270 1582 7552 79 Case No. PU-22-391 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☑ Certified Mail® Delivery 9590 9402 8147 3030 8011 46 Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery 9589 0710 5270 1582 7552 79 (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt USPS TRACKING# First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 3030 8011 46 8347 **United States** Sender: Please print your name, address, and ZIP+4® in this box

a

**Postal Service** RECEIVED

ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 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.

Patrick Zomer
Moss & Barnett
150 S 5th Street, Suite 1200
Minneapolis, MN 55402
Cert. No. 9589 0710 5270 1582 7553 47
Case No. PU-22-391



9590 9402 8147 3030 8011 77

2. Article Number (Transfer from service label)
9589 0710 5270 338 81

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

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Also 207

Agent

Addressee

C. Date of Delivery

03/20/24

B. Received by (Printed Name)

Moss + Bornett

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

3. Service Type

☐ Adult Signature

(over \$500)

☐ Adult Signature Restricted Delivery
☐ Certified Mail®

☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery

□ Collect on Delivery Restricted Delivery
 □ Insured Mail
 □ Insured Mail Restricted Delivery

□ Registered Mail Restricted Delivery
 □ Signature Confirmation™

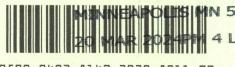
☐ Priority Mail Express®

☐ Registered Mail™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



First-Class Mail

Postage & Fees Paid USPS Permit No. G-10

9590 9402 8147 3030 8011 77

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

| Pu-22:391  |  |  |  |
|--|--|--|--|
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DE  | LIVERY   |  |
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X  B. Received by (Printed Name)   | Agent Addressee C. Date of Delivery  |  |
| Randall J. Bakke Bradley N. Wiederholt Bakke Grinolds Wiederholt PO Box 4247 Bismarck, ND 58502-4247 Cert. No. 9589 0710 5270 1582 7552 62 Case No. PU-22-391  | D. Is delivery address different from item 1?  |  |  |
| 9590 9402 8147 3030 8011 53  2. Article Number (Transfer from service label) 9589 0710 5270 1582 7562 62   | □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery | Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery |  |
| DS Form 3811 July 2020 DSN 7520 02 000 0053  | Don  | nestic Return Receipt  |  |

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

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

9590 9402 8147 3030 8011

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

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11 . 72 :39 / COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by Arinted M C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D./Is delivery address different from item 1? If YES, enter delivery address below: П No Bret Dublinske Fredrikson & Byron, P.A. 1f1 E Grand Avenue, Suite 301 Des Moines, IA 50309-1884 Cert. No. 9589 0710 5270 1582 7553 09 Case No. PU-22-391 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery Certified Mail® ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 9590 9402 8147 3030 8011 15

2. Article Number (Transfer from service label) 9589 0710 5270 1582 7753 09

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

Domestic Return Receipt

☐ Signature Confirmation

Restricted Delivery

# USPS TRACKING #

☐ Collect on Delivery

☐ Insured Mail

(over \$500)

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail Restricted Delivery

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

9590 9402 8147 3030 8011 15

**United States Postal Service** 

MAR

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

1-22-391

### 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

Brant M. Leonard Fredrikson & Byron, P. A. 111 E Grand Avenue, Suite 301 Des Moines, IA 50309-1884 Cert. No. 9589 0710 5270 1582 7552 55 Case No. PU-22-391



2. Article Number (Transfer from service label)

9589 0710 5270 1582 7552 55

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

COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Agent □ Addressee B. Beceived by (Printed. C. Date of Delivery ame)

D. Is delivery address different from item 1? Is delivery address below:

S Service Type Priority Mall Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail®

☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Signature Confirmation™

Signature Confirmation

Restricted Delivery

☐ Yes

П No

## **USPS TRACKING#**



9590 9402 8347 3030 8006 37



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 F. Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480

<u> Սիմինալիիավ բինններիի նկարարի իրաննկիրայի անկիրակ</u>