

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. Brian E. Jorde  
Domina Law Group  
2425 S. 144th St.  
Omaha, NE 68144  
Cert. No. 9589-0710 5270 1582 7552 86  
Case No. PU-22-391



9590 9402 8147 3030 8011 39

2. Article Number (Transfer from service label)  
9589 0710 5270 1582 7552 86

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Bryce Isackson ☒ Agent ☐ Addressee

B. Received by (Printed Name) Bryce Isackson C. Date of Delivery 3/22/24

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
  - ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
  - ☐ Registered Mail™
  - ☐ Registered Mail Restricted Delivery
  - ☐ Signature Confirmation™
  - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



OMAHA NE 68144

22 MAR 2024 PM 4 L



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

9590 9402 8147 3030 8011 39

United States  
Postal Service

RECEIVED

MAR 26 2024

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

• 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

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**1. Article Addressed to:**

Kevin Pranis  
LIUNA Minnesota North Dakota  
81 E. Little Canada Road  
St. Paul, MN 55117  
Cert. No. 9589 0710 5270 1582 7552 93  
Case No. PU-22-391



9590 9402 8147 3030 8011 22

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

9589 0710 5270 1582 7552 93

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X** *[Signature]* ☐ Agent ☐ Addressee

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

**C. Date of Delivery**

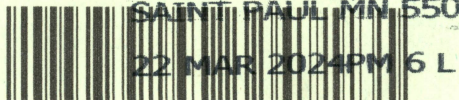
- D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

MAR 22 2024

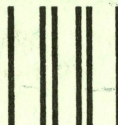
**3. Service Type**

- ☒ 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

**USPS TRACKING#**



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