

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. 9589 0710 5270 1582 7541 66
Case No. PU-22-391



9590 9402 8147 3030 8129 44

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7541 66

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Smith* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Smith

C. Date of Delivery

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

524 PU-22-391 Filed 04/17/2024 Pages: 2
Return Receipt (2)

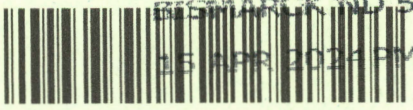
United States Postal Service

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 8147 3030 8129 44



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

United States
Postal Service

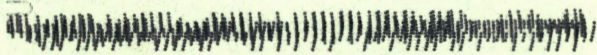
RECEIVED

APR 17 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



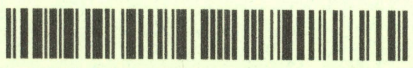
PU-22-391

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1. Article Addressed to:

Randall J. Bakke
Bradley N. Wiederholt
Bakke Grinolds Wiederholt
PO Box 4247
Bismarck, ND 58502-4247
Cert. No. 9589 0710 5270 1582 7541 59
Case No. PU-22-391



9590 9402 8147 3030 8129 37

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7541 59

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *axp*
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Alex P.
C. Date of Delivery
4-15

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

3. Service Type
- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585

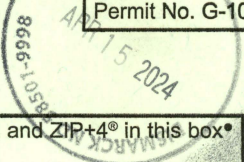


15 APR 2024 PM 1 L

9590 9402 8147 3030 8129 37



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



United States
Postal Service

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

RECEIVED

APR 17 2024

NORTH DAKOTA
PUBLIC SERVICE COMMISSION