Pu	1.22.391
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Derek Braaten Braaten Law Firm 109 N 4th Street, Suite 100 Bismarck, ND 58501 Cert. No. 9589 0710 5270 0129 6584 48 Case No. PU-22-391	D. Is delivery address different from item 1?
9590 9402 8849 4005 9530 52 9589 0710 5270 0129 6584 48	3. Service Type □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
USPS TRACKING# BISMARCK ND 585 18 NOV 2024PM 1 9590 9402 8849 4005 9530 52	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
	our name, address, and ZIP+4® in this box•
Attn: Public U	ervice Commission Utilities Division vard Ave. Dept. 408

Bismarck, ND 58505-0480

թունի կլիչին ինվել ակարարան հիրկին կիրնինի կիրութար

1 -22-391 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. C. Date of Delivery Attach this card to the back of the mailpiece, Correct Bader 11-18-24 or on the front if annea normite ☐ Yes 1 D. Is delivery address different from item 1? Lawrence Bender If YES, enter delivery address below: П No Fredrikson & Byron, P.A. 304 East Front Avenue Suite 400 Bismarck, ND 58504-5639 Cert. No. 9589 0710 5270 0129 6583 49 Case No. PU-22-391 Service Type ☐ Priority Mail Express® Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery Certified Mail Restricted Delivery ☐ Signature Confirmation™ 9590 9402 8849 4005 9631 74 Collect on Delivery □ Signature Confirmation Restricted Delivery Collect on Delivery Restricted Delivery 2. 9589 0710 5270 0129 6583 49 Insured Mail Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt ler o USPS TRACKING# First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 8849 4005 9631 74 **United States** Sender: Please print your name, address, and ZIP+4[®] in this box **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480