

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.

Jannelle Combs
City of Bismarck
221 N 5th Street
Bismarck, ND 58501
Cert. No. 9589 0710 5270 0129 6622 78
Case No. PU-22-391



9590 9402 8849 4005 9530 21

9589 0710 5270 0129 6622 78

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rob W

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Rob W

C. Date of Delivery

11/19/24

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

781 PU-22-391 Filed 11/21/2024 Pages: 4

Return Receipt (4)

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 8849 4005 9530 21

**United States
Postal Service**

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

NORTH DAKOTA

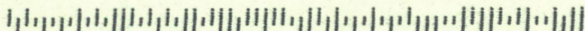
PUBLIC SERVICE COMMISSION

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

RECEIVED

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

NOV 21 2024



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Julie Lawyer
Burleigh County States' Attorney
514 E Thayer Avenue
Bismarck, ND 58501
Cert. No. 9589 0710 5270 0129 6622 54
Case No. PU-22-391



9590 9402 8849 4005 9530 45

9589 0710 5270 0129 6622 54

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rob W

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Rob W

C. Date of Delivery

11/9/24

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

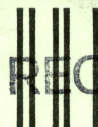
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8849 4005 9530 45



RECEIVED

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NORTH DAKOTA
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ND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

DU-22-391

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Steven Leibel
David Knoll
Knoll Leibel LLP
PO Box 858
Bismarck, ND 58502-0858
Cert. No. 9589 0710 5270 0129 6584 79
Case No. PU-22-391



9590 9402 8849 4005 9631 50

9589 0710 5270 0129 6584 79

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rosanne Caden*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

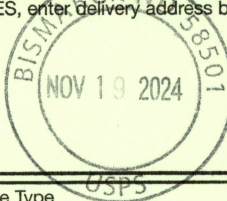
Rosanne Caden

C. Date of Delivery

11-19-2024

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

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



19 NOV 2024 PM 1 L

9590 9402 8849 4005 9631 50

RECEIVED

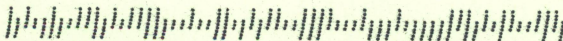
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1.

Randall J. Bakke
Bradley N. Wiederholt
Bakke Grinolds Wiederholt
PO Box 4247
Bismarck, ND 58502-4247
Cert. No. 9589 0710 5270 0129 6584 62
Case No. PU-22-391



9590 9402 8849 4005 9631 67

9589 0710 5270 0129 6584 62

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)

Alex P.

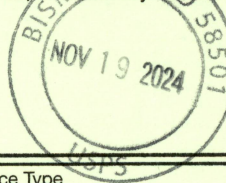
C. Date of Delivery

11-19

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)

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☐ Registered Mail™

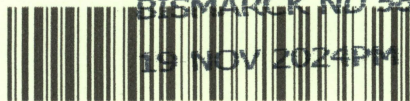
☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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