

PU-23-342

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.

Richard Savelkoul
Martin & Squires, P.A.
332 Minnesota Street, Suite W2750
St. Paul, MN 55101
Cert. No. 9589 0710 5270 0129 6621 86
Case No. PU-23-342



9590 9402 8606 3244 9339 90

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6621 86

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Robyn March

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Robyn March

C. Date of Delivery

1/7/25

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

If YES, enter delivery address below: ☐ No

144 PU-23-342 Filed 01/13/2025 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

USPS TRACKING #



SAINT PAUL MN 550

7 JAN 2025 PM 6 L



9590 9402 8606 3244 9339 90

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

United States
Postal Service

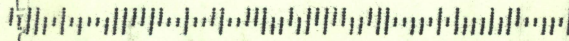
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

JAN 13 2025

NORTH DAKOTA
PUBLIC SERVICE COMMISSION



PU-23-342

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1. Article Addressed to:

Patrick Zommer
Moss & Barnett, P. A.
3800 Eighth Street North Suite 102
St. Cloud, MN 56303
Cert. No. 9589 0710 5270 2139 4600 59
Case No. PU-23-342



9590 9402 8970 4064 9742 26

2. Article Number (Transfer from service label)

9589 0710 5270 2139 4600 59

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

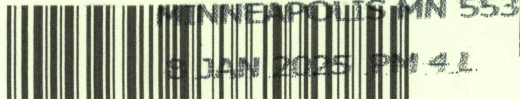
- D. Is delivery address different from item 1? ☐ Yes
- If YES, enter delivery address below: ☐ No

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 #



9590 9402 8970 4064 9742 26



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

**United States
Postal Service**

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