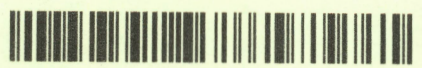


PU-24-87

**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.

Mollie Smith  
 Fredriksan & Byron, P.A.  
 60 South Sixth Street, Suite 1500  
 Minneapolis, MN 55402-4400  
 Cert. No. 9589 0710 5270 2139 5693 56  
**Case No. PU-24-87**



9590 9402 8970 4064 9738 54

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

9589 0710 5270 2139 5693 56

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 7-10-25

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

120 PU-24-87 Filed 07/14/2025 Pages: 1  
 Return Receipt

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 8970 4064 9738 54

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

JUL 14 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION

