

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.

**1. Article Addressed to:**

Mollie Smith/Bridget Duffus  
 Fredrikson & Byron, P.A.  
 60 South Sixth Street, Suite 1500  
 Minneapolis, MN 55402-4400  
 Cert. No. 9589 0710 5270 2139 5699 29  
**Case No. PU-24-87**



9590 9402 8809 4005 0830 89

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

9589 0710 5270 2139 5699 29

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *John R + 208*  Agent  Addressee

B. Received by (Printed Name) *mail room* C. Date of Delivery *8-5-25*

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

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 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#



MINNEAPOLIS MN 553  
 5 AUG 2025 PM 4 L

9590 9402 8809 4005 0830 89

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

RECEIVED  
 AUG 12 2025  
 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

