

PU-24-91

**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:**

Erik Edison  
 Attorney for Montana-Dakota Utilities Co.  
 Crowley Fleck PLLP  
 PO Box 2798  
 Bismarck, ND 58502-2798  
**Case No. 9589 0710 5270 2139 4602 95**  
**Case No. PU-24-91**



9590 9402 8970 4064 9740 97

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

**9589 0710 5270 2139 4602 95**

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

☐ 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**

43 PU-24-91 Filed 06/30/2025 Pages: 3

Return Receipt (3)

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#**

**BISMARCK ND 585**

**28 JUN 2025 AM 1 L**



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

9590 9402 8970 4064 9740 97

**United States  
 Postal Service**

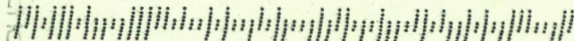
RECEIVED

JUN 30 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



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**1. Article Addressed to:**

Casey Furey  
Attorney for Montana-Dakota Utilities Co.  
Crowley Fleck PLLP  
PO Box 2798  
Bismarck, ND 58502-2798  
**Cert. No. 9589 0710 5270 2139 4602 88**  
**Case No. PU-24-91**



9590 9402 8970 4064 9740 80

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

**9589 0710 5270 2139 4602 88**

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)**

*[Handwritten Name]*

**C. Date of Delivery**

*062525*

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

**3. Service Type**

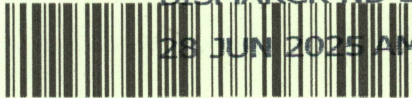
- ☐ Adult Signature
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**USPS TRACKING #**

**BISMARCK ND 585**



**28 JUN 2025 AM 1 L**

9590 9402 8970 4064 9740 80

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Postage & Fees Paid  
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**United States  
Postal Service**

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PUBLIC SERVICE COMMISSION



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1. Article Addressed to:

Douglas J. Nill  
DOUGLAS J. NILL, PLLC  
dba FARMLAW  
1850 Fifth Street Towers  
150 South Fifth Street  
Minneapolis, MN 55402  
Cert. No. 9589 0710 5270 2139 5698 75



9590 9402 8970 4064 9740 11

(service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-20-25

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

3. Service Type

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- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
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PS Form 3811, July 2020 PSN 530-02-000-9053

Domestic Return Receipt

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