

STATE OF NORTH DAKOTA

DISTRICT COURT

COUNTY OF BURLEIGH

SOUTH CENTRAL JUDICIAL DISTRICT

Wano Township, Willowbank
Township, Russell Township, Corwin
Township, Valley Township, Mike
and Patty Bartel, Richard and Susan
R. Long, Steven and Julia Nelson,
Phyllis P. Otterness and Patricia A.
Vick, Brandon and Tausha
Schweigert, Shockman Farm
Partnership, LLLP, Debra Sue
Wald, Lucas and Jill Wald, Tim
Leppert, Orr Farms, Steve M. and
Sandra J. Rupp, David A. and
Denette M. Schweigert, Allen D. and
Inna N. Swiontek, David and Holly
Wald, Weston Wald, and Willowbank
Hutterian Brethren Association,

Appellants,

v.

North Dakota Public Service
Commission, Otter Tail Power
Company, and Montana-Dakota
Utilities Co.,

Appellees.

**AMENDED
DECLARATION OF SERVICE**

Case No. 08-2025-CV-02068

[1] On July 15, 2025, I, Rosanne Ogden, declares she served the party(s) described below with the documents described below by depositing such documents in the United States by certified mail (at Bismarck, North Dakota), with postage prepaid. The addresses of each party served are the last reasonably ascertainable post office address of such party. I am of legal age and not a party to this action.

Documents Served:

1. Notice of Appeal and Specifications of Error;
2. Ex.1 – June 18, 2025 PSC Order;
3. Ex. 2 – November 20, 2024 PSC Order;
4. Undertaking on Appeal to District Court;
5. Motion for Admission Pro Hac Vice;
6. Ex. 1 to Motion- Affidavit of Douglas J. Nill for Admission Pro Hac Vice;
7. Ex. 2 to Motion - Certificate of Good Standing;
8. Proposed Order Granting Pro Hac Vice Admission; and
9. Declaration of Service.

Names & Address of Party(s) Served:

North Dakota Public Service
Commission
600 E. Boulevard Ave., Dept. 408
Bismarck, ND 58505-0480
[7018 11130 0001 9790]

Travis Jacobson
Director, Regulatory Affairs
Montana-Dakota Utilities Co.
400 North 4th Street
Bismarck, ND 58501
[7018 1130 0001 9790 9280]

Matthew Olsen
Mgr. Regulatory Strategy &
Compliance
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
[7018 1130 0001 9790 9266]

Robert Endris
Associate General Counsel
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
[7018 1130 0001 9790 9259]

Allison Waldon
Senior Attorney
MDU Resources Group, Inc.
1200 W Century Ave.
Bismarck, ND 58503
[7018 1130 0001 9790 9242]

Casey Furey
Attorney for Montana-Dakota Utilities
Co.
Crowley Fleck PLLP
PO Box 2798
Bismarck, ND 58502-2798
[7018 1130 0001 9790 9235]

Erik Edison
Attorney for Montana-Dakota Utilities
Co.
Crowley Fleck PLLP
PO Box 2798
Bismarck, ND 58502-2798
[7018 1130 0001 9790 9228]

Brian Johnson
Attorney at Law
North Dakota Public Service
Commission
600 E. Boulevard Ave., Dept. 408
Bismarck, ND 58505
[7018 1130 0001 9789 3725]

Drew Howard Wrigley
Office of the Attorney General
600 E. Boulevard Ave., Dept. 125
Bismarck, ND 58505
[7018 1130 0001 9790 9297]

[2] I further declare that on July 15, 2025, I provided the above-named documents to the following via e-mail:

Brian Johnson
*Attorney for ND Public Service
Commission*
brjohnson@nd.gov

Robert Endris
*Associate General Counsel for Otter
Tail Power Company*
rendris@otpc.com

Travis Jacobson
Director of Regulatory Affairs
travis.jacobson@mdu.com

Allison Waldon
*Senior Attorney for MDU Resources
Group, Inc.*
allison.waldon@mduresources.com

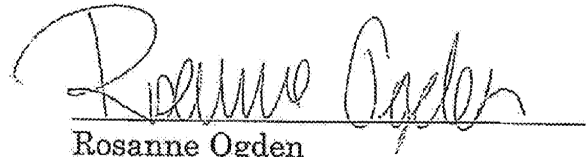
Erik Edison
Attorney for Montana-Dakota Utilities Co.
ejedison@crowlevfleck.com

Casey Furey
*Attorney for Montana-Dakota
Utilities Co.*
cfurey@crowlevfleck.com

Regulatory Filing Coordinators
Otter Tail Power Company
Regulatory_filing_coordinators@otpc.com

[3] I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Signed on the 15th day of July, 2025 at Bismarck, North Dakota.


Rosanne Ogden

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Erica T Gelz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>North Dakota Public Service Commission 408 600 E. Boulevard Ave. Dph. Bismarck ND 58505</p>		<p>B. Received by (Printed Name) <i>Erica T Gelz</i></p>	<p>C. Date of Delivery 7-21-05</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 9790 9273</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>9590 9402 4326 8190 8880 72</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
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<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt																	

Travis Jacobson

Tracking Number:

[Remove X](#)

70181130000197909280

[Copy](#)

[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item has been delivered and is available at a PO Box at 8:14 am on July 22, 2025 in BISMARCK, ND 58504.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, PO Box

BISMARCK, ND 58504

July 22, 2025, 8:14 am

Out for Delivery

BISMARCK, ND 58501

July 22, 2025, 6:10 am

Arrived at Post Office

BISMARCK, ND 58504

July 22, 2025, 5:43 am

In Transit to Next Facility

July 21, 2025

Arrived at USPS Regional Facility

BISMARCK ND DISTRIBUTION CENTER

July 19, 2025, 5:47 pm

Arrived at USPS Regional Facility

Feedback

WEST FARGO ND NETWORK DISTRIBUTION CENTER
July 18, 2025, 11:41 am

Departed Post Office
BISMARCK, ND 58501
July 15, 2025, 6:48 pm

USPS in possession of item
BISMARCK, ND 58501
July 15, 2025, 4:05 pm

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

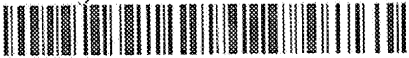
Track Another Package


Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> <i>Matthew Olson</i> <input type="checkbox"/> Agent </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>Matthew S Olsen</i></p> <p>C. Date of Delivery <i>7/21/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Matthew Olson</i> <i>Older Tail Power Co.</i> <i>PO Box 496</i> <i>Fergus Falls, MN 56538</i></p> <div style="text-align: center;">  9590 9402 4326 8190 8881 33 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 9790 9266</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> <i>Lynthia C. Geray</i> <input type="checkbox"/> Agent </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>Lynthia C. Geray</i></p> <p>C. Date of Delivery <i>7/21/2025</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Robert Endris</i> <i>General Counsel</i> <i>Older Tail Power Co.</i> <i>PO Box 496</i> <i>Fergus Falls, MN 56538</i></p> <div style="text-align: center;">  9590 9402 4326 8190 8881 40 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 9790 9259</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

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:

Allison Waldon
1200 W. Century Ave.
Bismarck ND 58503



9590 9402 4326 8190 8881 26

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9242

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *BA* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

BA *On* *7-25-25*

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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:

Casely Furey
Crowley Fleck PLLP
PO Box 2798
Bismarck ND 58502



9590 9402 4326 8190 8881 19

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9235

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jason Vogel* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Jason Vogel *7-21*

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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
Crawley Fleck
PO Box 2798
Bismarck ND 58502



9590 9402 4326 8190 8880 96

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9228

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Jasper Vogel

C. Date of Delivery

7-21

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

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

Brian Johnson
600 E. Boulevard Ave
Bismarck ND 58505



9590 9402 4326 8190 8880 89

2. Article Number (Transfer from service label)

7018 1130 0001 9789 3725

Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Erica J. Getz

C. Date of Delivery

7-21-05

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

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Drew Howard Wrigley
Office of Attorney General
600 E. Boulevard Ave. Apt.
Bismarck ND 58505 125



9590 9402 4326 8190 8880 41

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9297

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
- ☐ Address

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

7/21/25

D. Is delivery address different from item 1?

- ☐ Yes
- ☐ No

If YES, enter delivery address below:

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 (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt