

STATE OF NORTH DAKOTA

DISTRICT COURT

COUNTY OF BURLEIGH

SOUTH CENTRAL JUDICIAL DISTRICT

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

DECLARATION OF SERVICE

Case No. 08-2025-CV-02068

[1] On July 16, 2025, I, Charlene Smith, declare I 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. Amended Declaration of Service;
2. Amended Notice of Appeal and Specifications of Error;
3. Ex.1 – June 18, 2025 PSC Order;
4. Ex. 2 – November 20, 2024 PSC Order;
5. 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 1130 0001 9790 9303]

Travis Jacobson
Director, Regulatory Affairs
Montana-Dakota Utilities Co.
400 North 4th Street
Bismarck, ND 58501
[7018 1130 0001 9790 9310]

Matthew Olsen
Mgr. Regulatory Strategy &
Compliance
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
[7018 1130 0001 9790 9327]

Robert Endris
Associate General Counsel
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
[7018 1130 0001 9790 9334]

Allison Waldon
Senior Attorney
MDU Resources Group, Inc.
1200 W Century Ave.
Bismarck, ND 58503
[7018 1130 0001 9790 9341]

Casey Furey
Attorney for Montana-Dakota Utilities
Co.
Crowley Fleck PLLP
PO Box 2798
Bismarck, ND 58502-2798
[7018 1130 0001 9790 9358]

Erik Edison
Attorney for Montana-Dakota Utilities
Co.
Crowley Fleck PLLP
PO Box 2798
Bismarck, ND 58502-2798
[7018 1130 0001 9790 9365]

Brian Johnson
Attorney at Law
North Dakota Public Service
Commission
600 E. Boulevard Ave., Dept. 408
Bismarck, ND 58505
[7018 1130 0001 9790 9372]

Drew Howard Wrigley
Office of the Attorney General
600 E. Boulevard Ave., Dept. 125
Bismarck, ND 58505
[7018 1130 0001 9790 9389]

[2] I further declare that on July 16, 2025, I served the above-named documents to the following via Odyssey:

Brian Johnson
*Attorney for ND Public Service
Commission*
brljohnson@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@crowleyfleck.com

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

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

Drew Wrigley
Attorney General
ndag@nd.gov

[3] I further declare that on July 16, 2025, I served the following documents via Odyssey upon acceptance of the July 15, 2025 filings by the Burleigh County Clerk:

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 (July 15, 2025)

upon the following persons:

Brian Johnson
*Attorney for ND Public Service
Commission*
brljohnson@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@crowleyfleck.com

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


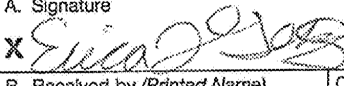
Regulatory Filing Coordinators
Otter Tail Power Company
Regulatory_filing_coordinators@otpc.com


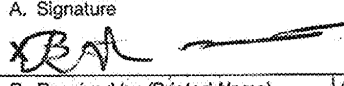
Drew Wrigley
Attorney General
ndag@nd.gov

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

Signed on the 16th day of July, 2025 at Bismarck, North Dakota.


Charlene Smith

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>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 10px;">ND Public Service Commission 600 E Boulevard Ave Dept 408 Bismarck ND 58505-0480</p> <div style="text-align: center; margin-top: 20px;">  9590 9402 4326 8190 8886 83 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 5px;">7018 1130 0001 9790 9303</p>	<p>A. Signature <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> Agent</div> <div></div> <div style="margin-left: 10px;"><input type="checkbox"/> Addressee</div> </div> </p> <div style="display: flex; border-top: 1px solid black; margin-top: 5px;"> <div style="flex: 1; padding: 2px 5px;">B. Received by (Printed Name) Erica J. Goetz</div> <div style="flex: 1; padding: 2px 5px;">C. Date of Delivery 7-21-25</div> </div> <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>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>	

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<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>	

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<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>Matthew J. Olsen</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Matthew Olsen Otter Tail Power Company PO Box 496 Fergus Falls MN 56538-0496</p>		<p>B. Received by (Printed Name) <i>Matthew J. Olsen</i></p>	<p>C. Date of Delivery <i>7/21/25</i></p>
<p>2. Article Number (Transfer from service label) 7018 1130 0001 9790 9327</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<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>Cynthia C. Geray</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Robert Endris Otter Tail Power Company PO Box 496 Fergus Falls MN 56538-0496</p>		<p>B. Received by (Printed Name) <i>Cynthia C. Geray</i></p>	<p>C. Date of Delivery <i>7-21-2025</i></p>
<p>2. Article Number (Transfer from service label) 7018 1130 0001 9790 9334</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<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>1. Article Addressed to:</p> <p>Allison Waldon MDU Resources Group, Inc. 1200 W Century Ave Bismarck ND 58503</p>	<p>A. Signature </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 7-22-25</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>
<div style="text-align: center;"> 9590 9402 4326 8190 8884 85 </div> <p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 9790 9341</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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<div style="text-align: center;"> 9590 9402 4326 8190 8884 78 </div> <p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 9790 9358</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Erik Edison
Crowley Fleck PLLP
PO Box 2798
Bismarck ND 58502-2798



9590 9402 4326 8190 8884 61

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9365

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Erik Edison*☒ Agent☐ Addressee

B. Received by (Printed Name)

Jason 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

☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

- ☐ 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

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- 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:

Brian Johnson
ND Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck ND 58505



9590 9402 4326 8190 8883 17

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9372

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Brian Johnson*☐ Agent☐ Addressee

B. Received by (Printed Name)

Brian Johnson

C. Date of Delivery

7-21-25

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

☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

- ☐ 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

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Drew Howard Wrigley
Office of the Attorney General
600 E Boulevard Ave Dept 125
Bismarck, ND 58505



9590 9402 4326 8190 8883 00

2. Article Number (Transfer from service label)

7018 1130 0001 9790 9389

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lena Lorenz

C. Date of Delivery

7/21/25

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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) | |