

Dm-24-293

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

MATTHEW HAAPAJA

C. Date of Delivery

04/07/2025

Address different from item 1? Yes
delivery address below: No

9 DM-24-293 Filed 04/07/2025 Pages: 1
Return Receipt

United States Postal Service

Tony P Trimble / Matthew W Haapoja
Trimble & Associates Ltd
10505 Wayzata Blvd Ste 101
Minneapolis MN 55305



9590 9402 8849 4005 9535 02

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6596 36

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

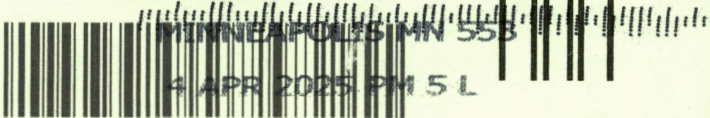
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

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

Domestic Return Receipt

USPS TRACKING#



MINNEAPOLIS MN 553
4 APR 2025 PM 5 L

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

9590 9402 8849 4005 9535 02

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

PUBLIC SERVICE COMMISSION
600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

RECEIVED

APR 7 2025

NORTH DAKOTA
PUBLIC SERVICE COMMISSION