

Pu-24-307

**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:

Paula Foster  
 Supervisor, Regulator Analysis  
 Regulatory Economics  
 215 S Cascade Street  
 Fergus Falls, MN 56538-0496  
 Cert. No. 9589 0710 5270 0129 6581 34  
 Case No. PU-24-307



9590 9402 8849 4005 9626 65

9589 0710 5270 0129 6581 34

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *G. Kohunase*  Agent  Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 10-2-24

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

10 PU-24-307 Filed 10/04/2024 Pages: 1  
 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

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

Domestic Return Receipt

USPS TRACKING#



FARGO ND 581  
 2 OCT 2024 PM 1 L



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

9590 9402 8849 4005 9626 65

United States Postal Service

RECEIVED

OCT 4 2024

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

