

PU-24-319 & 24-320

**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.

John Kuykendall  
 Regulatory Advisor  
 JSI  
 6404 Ivy Lane, Suite 700  
 Greenbelt, MD 20770  
 Cert. No. 9589 0710 5270 0129 6618 13  
 Case Nos. PU-24-319 & 24-320



9590 9402 8606 3244 9333 27

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6618 13

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Donna J. Bayus*

B. Received by (Printed Name)  Agent  
*Donna J. Bayus* C. Date of Delivery *11/14/24*

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

16 PU-24-319 Filed 11/21/2024 Pages: 1  
 Return Receipt  
 United States Postal Service

14 PU-24-320 Filed 11/21/2024 Pages: 1  
 Return Receipt  
 United States Postal Service

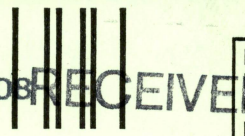
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered 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 #



9590 9402 8606 3244 9333 27



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

NOV 21 2024

United States Postal Service

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

NORTH DAKOTA  
 PUBLIC SERVICE COMMISSION  
 ND Public Service Commission  
 Attn: Public Utilities Division  
 600 E Boulevard Ave. Dept. 408  
 Bismarck, ND 58505-0480