

PU-24-361

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.

Maggie Olson
Senior Staff Counsel
Basin Electric Power Cooperative
1717 East Interstate Avenue
Bismarck, ND 58503



9590 9402 8849 4005 9535 57

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6596 12

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

2-7-25

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

29 PU-24-361 Filed 03/10/2025 Pages: 2
Return Receipt (2)

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)

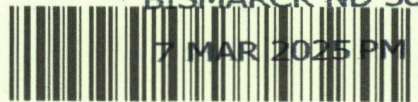
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



7 MAR 2025 PM 1 L



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

9590 9402 8849 4005 9535 57

United States
Postal Service

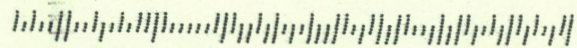
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

MAR 10 2025

NORTH DAKOTA
PUBLIC SERVICE COMMISSION



PU-24-361

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1. Article Addressed to:

Derrick Braaten
Braaten Law Firm
109 North 4th Street, Suite 100
Bismarck, ND 58501



9590 9402 8849 4005 9535 26

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6596 29

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sheldon Zesto

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

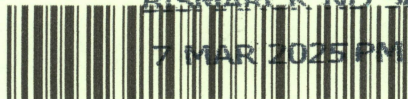
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK, ND 585



7 MAR 2025 PM 1 L



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USPS
Permit No. G-10

9590 9402 8849 4005 9535 26

**United States
Postal Service**

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BISMARCK ND 58505-0480**

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