

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:

Mollie Smith
 Fredrikson & Byron, P. A.
 60 South Sixth Street Suite 1500
 Minneapolis, MN 55402-1425
 Cert. No. 9589 0710 5270 2139 5698 13
Case Nos. PU-24-381 & 24-382



9590 9402 8970 4064 9741 72

2. Article Number (Transfer from service label)

9589 0710 5270 2139 5698 13

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-9-25

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

24 PU-24-381 Filed 06/12/2025 Pages: 1

Return Receipt

United States Postal Service

27 PU-24-382 Filed 06/12/2025 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

Domestic Return Receipt

USPS TRACKING#

MINNEAPOLIS MN 553



9 JUN 2025

PM 5

9590 9402 8970 4064 9741 72

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

United States
 Postal Service

RECEIVED

JUN 12 2025

• 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

