

PU 25-83

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:

Howdy Lawlar, Chair
 McKenzie County Board of Commissioners
 201 5th St NW
 Watford City, ND 58854
 Cert. No. 9589 0710 5270 0129 6610 73
 Case No. PU-25-83



9590 9402 8809 4005 0831 71

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6610 73

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Melissa Drain* Agent Addressee

B. Received by (Printed Name) *Melissa Drain* C. Date of Delivery *04.17.25*

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

9 PU-25-83 Filed 04/21/2025 Pages: 3
 Return Receipt (3)

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#



BISMARCK ND 585

18 APR 2025 AM 1 L

9590 9402 8809 4005 0831 71

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

United States Postal Service

RECEIVED

APR 21 2025

NORTH DAKOTA

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



PU-25-83

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:

Federal Aviation Administration
 2301 University Ave. Bldg. 23B
 Bismarck, ND 58504
 Cert. No. 9589 0710 5270 2139 5695 78
 Case No. PU-25-83



9590 9402 8970 4064 9737 55

2. Article Number (Transfer from service label)

9589 0710 5270 2139 5695 78

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

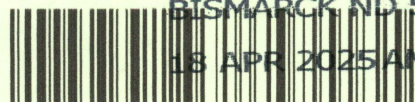
- D. Is delivery address different from item 1?** Yes
 If YES, enter delivery address below: No

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

18 APR 2025 AM 1 L

9590 9402 8970 4064 9737 55

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

United States Postal Service

RECEIVED

APR 21 2025

• 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



PU-25-83

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:

Erica Johnsrud,
 Auditor McKenzie County
 201 5th St NW, Suite 543
 Watford City, ND 58854
 Cert. No. 9589 0710 5270 0129 6610 80
 Case No. PU-25-83



9590 9402 8809 4005 0831 64

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6610 80

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melissa Drain*
 B. Received by (Printed Name)
Melissa Drain

Agent
 Addressee

C. Date of Delivery
04.17.25

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

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

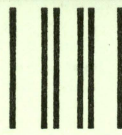
Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



18 APR 2025 AM 1 L



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

9590 9402 8809 4005 0831 64

United States Postal Service

• 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

RECEIVED

APR 21 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION

