PU-25-84

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 42
Case No. PU-25-84

9590 9402 8809 4005 0832 01

2. Article Number *(Transfer from service label)*

9589 0710 5270 0129 6610 42

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mellisa Dra'n

☒ Agent
☐ Addressee

B. Received by *(Printed Name)* Mellisa Dra'n

C. Date of Delivery

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

9 PU-25-84 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

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

USPS TRACKING #
BISMARCK ND 585
18 APR 2025 AM 1 L

9590 9402 8809 4005 0832 01

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

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
SERVICE COMMISSION

8099

PU-25-~~4984~~

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 59
Case No. PU-25-84

9590 9402 8809 4005 0831 95

2. Article Number *(Transfer from service label)*

9589 0710 5270 0129 6610 59

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mellisa Drain

☒ Agent
☐ Addressee

B. Received by *(Printed Name)*: Mellisa Drain

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

9590 9402 8809 4005 0831 95

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

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

PU-25-84

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:

Fe[illegible]al Aviation Administration
23[illegible] [illegible]niversity Ave. Bldg. 23B
Bis[illegible]ck, ND 58504
Cert. No. 9589 0710 5270 0129 6610 97
Case No. PU-25-84

9590 9402 8809 4005 0831 57

2. Article Number *(Transfer from service label)*

9589 0710 5270 0129 6610 97

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

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

USPS TRACKING #

BISMARCK ND 585
18 APR 2025 AM 1 L

9590 9402 8809 4005 0831 57

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

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