

PU-25-185 and 25-190

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:

Lumen
 C T Corporation System
 Registered Agent for Lumen
 120 W Sweet Ave
 Bismarck, ND 58504
 Cert. No. 9589 0710 5270 0129 6611 72
 Case Nos. PU-25-185 & 25-190



9590 9402 8809 4005 0833 93

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6611 72

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M Miller

Agent

Addressee

B. Received by (Printed Name)

M Miller

C. Date of Delivery

10/14

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

19 PU-25-185 Filed 10/16/2025 Pages: 1
Return Receipt

United States Postal Service
19 PU-25-190 Filed 10/16/2025 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

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



15 OCT 2025 AM 1 L

9590 9402 8809 4005 0833 93

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•

RECEIVED

OCT 16 2025

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

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION

