

DM-25-191

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
 -
1. Addressee to:

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 No

Dan Beckmann
 Senior Vice President, Renewable Division
 Westwood Professional Services
 12701 Whitewater Drive, Suite
 Minnetonka, MN 55343

9 DM-25-191 Filed 09/22/2025 Pages: 2
 Return Receipt (2)
 United States Postal Service



9590 9402 8849 4005 9527 58

2. Article Number (Transfer from service label)

89 0710 5270 0336 3996 91

- 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#



MINNEAPOLIS MN 553
19 SEP 2025 PM 4 L



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

9590 9402 8849 4005 9527 58

United States Postal Service

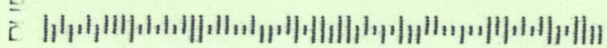
RECEIVED

SEP 22 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION

• 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



Dm-25-191

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:

C T Corporation System
 Registered Agent for
 Westwood Professional Services, Inc.
 120 W. Sweet Ave.
 Bismarck, ND 58504



9590 9402 8849 4005 9527 72

2. Article Number (Transfer from service label)

9589 0710 5270 0336 3997 07

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-19

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
20 SEP 2025 AM 1 L

9590 9402 8849 4005 9527 72

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

SEP 22 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

