

PU-25-209

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:

Erik Edison
Attorney for Emmons-Logan Storage, LLC
Crowley Fleck PLLP
PO Box 2798
Bismarck, ND 58502-2798
Cert. No. 9589 0710 5270 1777 9869 07
Case No. PU-25-209



9590 9402 9511 5069 7912 67

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9869 07

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

9-29-25

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

17 PU-25-209 Filed 09/30/2025 Pages: 2

Return Receipt (2)

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

USPS TRACKING #



9590 9402 9511 5069 7912 67



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

United States
Postal Service

RECEIVED

SEP 30 2025

NORTH DAKOTA

PUBLIC SERVICE COMMISSION

• 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-25-209

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Casey Fury
 Attorney for Emmons-Logan Storage, LLC
 Crowley Fleck PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 9589 0710 5270 1777 9868 91
 Case No. PU-25-209



9590 9402 8005 2305 4429 35

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9868 91

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Alan B...

C. Date of Delivery

9-29-25

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 #



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

9590 9402 8005 2305 4429 35

**United States
 Postal Service**

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

SEP 30 2025

AKOTA

MISSION