

PU-25-236

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:

Donald Schrader – Chairman
Adrian Township
5653 85 Ave SE
Adrian, ND 58472
Cert. No. 9589 0710 5270 1777 9854 43
Case No. PU-25-236



9590 9402 9511 5069 7910 76

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9854 43

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)

Donna Schrader

C. Date of Delivery

9/19/25

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

If YES, enter delivery address below: ☒ No

12 PU-25-236 Filed 09/23/2025 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 7910 76



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

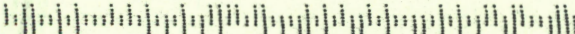
United States
Postal Service

SEP 23 2025

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION



PU-25-236

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. **Bill Anderson** – Chairman
Montpelier Township
4945 87th Ave SE
Montpelier ND 58472
Cert. No. 9589 0710 5270 1777 9866 86
Case No. PU-25-236



9590 9402 9511 5069 7909 94

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9866 86

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Bill Anderson ☐ Agent ☒ Addressee

B. Received by (Printed Name) William Anderson C. Date of Delivery 9/19/25

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

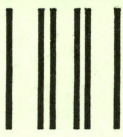
3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING #



9590 9402 9511 5069 7909 94



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

SEP 23 2025

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

