

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

Domestic Return Receipt

USPS TRACKING



9590 9402 9511 5069 7910 76

RECEIVED
 United States
 Postal Service
 SEP 23 2025

ND
 NORTH DAKOTA
 PUBLIC SERVICE COMMISSION
 600 E Boulevard Ave. Dept. 408
 Bismarck, ND 58505-0480

Sender: Please print your name, address, and ZIP+4® in this box.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Donald Schrader

C. Date of Delivery

9/19/25

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No12 PU-25-236 Filed 09/23/2025 Pages: 2
 Return Receipt (2)

United States Postal Service

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
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery
 (over \$500)

Insured Mail
 Insured Mail Restricted Delivery
 Restricted Delivery



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

PU-25-236

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- Complete items 1, 2, and 3.
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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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

xander G. Anderson

 Agent
 Addressee

B. Received by (Printed Name)

William Anderson

C. Date of Delivery
9/19/25D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING



9590 9402 9511 5069 7909 94

United States
Postal ServiceRECEIVED
SEP 23 2020NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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