

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.

Diane Carlson- Chairman  
 Farmer Township  
 8752 40th St SE  
 Jamestown, ND 58401  
 Cert. No. 9589 0710 5270 1777 9866 62  
 Case No. PU-25-236



9590 9402 9511 5069 7910 14

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9866 62

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Diane Carlson*  
 B. Received by (Printed Name)  
 DIANE CARLSON

☐ Agent  
☒ Addressee

C. Date of Delivery

9/20/25

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

14 PU-25-236 Filed 09/24/2025 Pages: 6  
 Return Receipt (6)

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 #**



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

9590 9402 9511 5069 7910 14

**United States  
 Postal Service**

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

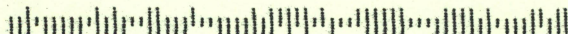
**ND Public Service Commission**  
**Attn: Public Utilities Division**  
**600 E Boulevard Ave. Dept. 408**  
**Bismarck, ND 58505-0480**

RECEIVED

SEP 24 2025

NORTH DAKOTA

SERVICE UNIT



PU-25-236

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**1. Article Addressed to:**

Jason Hildenbrand – Chairman  
Valley Township  
8306 86 Ave SE  
Monango, ND 58436  
Cert. No. 9589 0710 5270 1777 9867 23  
Case No. PU-25-236



9590 9402 9511 5069 7909 56

**2. Article Number (Transfer from service label)**

9589 0710 5270 1777 9867 23

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Jason Hildenbrand* ☒ Agent ☐ Addressee

**B. Received by (Printed Name)**

*Jason Hildenbrand*

**C. Date of Delivery**

*9-19-25*

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

If YES, enter delivery address below: ☒ No

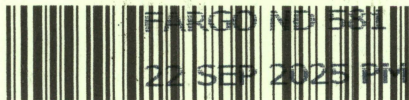
**3. Service Type**

- |  |   |
|--|---|
| <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) |   |

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 9511 5069 7909 56

United States  
Postal Service

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

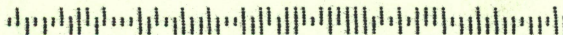
**ND Public Service Commission**  
**Attn: Public Utilities Division**  
**600 E Boulevard Ave. Dept. 408**  
**Bismarck, ND 58505-0480**

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SEP 24 2025

NORTH DAKOTA

POST OFFICE





PU-25-236

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**1. Article Addressed to:**

Janelle Emo – Chairman  
 Corwin Township  
 4205 85th Ave SE  
 Ypsilanti, ND 58497  
 Cert. No. 9589 0710 5270 1777 9854 67  
 Case No. PU-25-326



9590 9402 9511 5069 7910 52

**2. Article Number (Transfer from service label)**

9589 0710 5270 1777 9854 67

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Janelle Emo*

- ☐ Agent
- ☒ Addressee

**B. Received by (Printed Name)**

Janelle Emo

**C. Date of Delivery**

9/20/25

**D. Is delivery address different from item 1?**

- ☐ Yes
- ☒ No

If YES, enter delivery address below:

**3. Service Type**

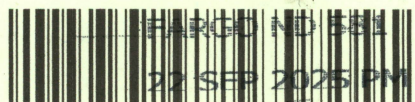
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ 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 #**



9590 9402 9511 5069 7910 52



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

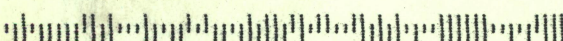
**United States  
 Postal Service**

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

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**1. Article Addressed to:**

James Bernstein – Chairman  
 Keystone Township  
 8707 89th St SE  
 Monango, ND 58436  
 Cert. No. 9589 0710 5270 1777 9866 79  
 Case No. PU-25-236



9590 9402 9511 5069 7910 07

**2. Article Number (Transfer from service label)**

9589 0710 5270 1777 9866 29

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*[Signature]*

- ☒ Agent
- ☐ Addressee

**B. Received by (Printed Name)**

*James Bernstein*

**C. Date of Delivery**

9-19-25

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

If YES, enter delivery address below: ☒ No

*Jim Bernstein*

**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

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Domestic Return Receipt

**USPS TRACKING #**



9590 9402 9511 5069 7910 07



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

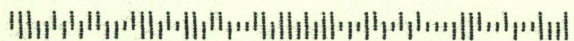
United States  
 Postal Service

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SEP 24 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**





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**1. Article Addressed to:**

Derek Carlson – Chairman  
Winfield Township  
9544 35th St SE  
Jamestown, ND 58401  
Certified 9589 0710 5270 1777 9867 54  
CPSU-25-236



9590 9402 9511 5069 7909 25

**2. Article Number (Transfer from service label)**

9589 0710 5270 1777 9867 54

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

- ☐ Agent
- ☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

- 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

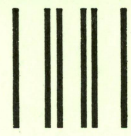
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 9511 5069 7909 25



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

United States  
Postal Service

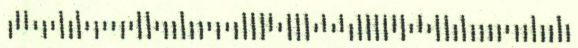
RECEIVED

SEP 24 2025

NORTH DAKOTA  
C-SERVICE CENTER

• 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-25-234

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**1. Article Addressed to:**

Duane Haskin – Chairman  
Bloom Township  
3333 86th Ave SE  
Jamestown, ND 58401  
Duane Haskin – Chairman  
Bloom Township  
3333 86th Ave SE



9590 9402 9511 5069 7910 69

**2. Article Number (Transfer from service label)**

9589 0710 5290 1777 9854 50

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Cheryl Haskin* ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

*Cheryl Haskin*

**C. Date of Delivery**

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

**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) |   |

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United States  
Postal Service

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