

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:

Clarence Daniel – Chairman
 Spiritwood Township
 203 Salisbury Ave
 PO Box 67
 Spiritwood, ND 58481
 Cert. No. 9589 0710 5270 1777 9867 16
 Case No. PU-25-236



9590 9402 9511 5069 7909 63

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9867 16

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Clarence Daniel* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Clarence R Daniel

C. Date of Delivery

9-22-25

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

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

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 type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" 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) | |

USPS TRACKING #



FARGO ND 581

23 SEP 2025 PM 1 L

9590 9402 9511 5069 7909 63



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

**United States
 Postal Service**

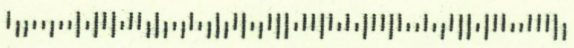
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

SEP 25 2025

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION



PU-24-234

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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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allen Falk – Chairman
Fried Township
8524 28th St SE
Jamestown, ND 58401
Cert. No. 9589 0710 5270 1777 9866 55
Case No. PU-23-236



9590 9402 9511 5069 7910 21

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9866 55

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Allen Falk*

- ☐ Agent
- ☒ Addressee

B. Received by (Printed Name)

Allen Falk

C. Date of Delivery

8-22-25

D. Is delivery address different from item 1?

- ☐ Yes
- ☒ No

If YES, enter delivery address below:

3. Service Type

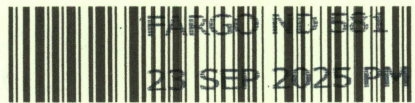
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ 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 21



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

**United States
Postal Service**

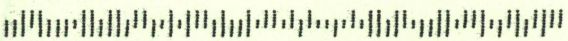
• Sender: Please print your name, address, and ZIP+4® in this box•

ND Public Service Commission
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Bismarck, ND 58505-0480

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1. Article Addressed to:

Joel E. Homan
Ellendale, ND 58436
9913 85
Cert. No: 9589 10 5270 1777 9866 48
Case No. PU-25-236



9590 9402 9511 5069 7910 38

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9866 48

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

Joel E Homan

B. Received by (Printed Name) C. Date of Delivery

Joel E Homan 9-22-25

D. Is delivery address different from item 1? ☐ Yes ☐ No

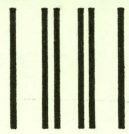
If YES, enter delivery address below:

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 #



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

9590 9402 9511 5069 7910 38

**United States
Postal Service**

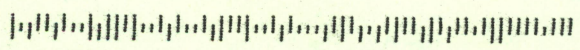
• Sender: Please print your name, address, and ZIP+4® in this box •

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SEP 25 2025

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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



PU 25 236

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1. Article Addressed to:

Donald Flaherty - Mayor
City of Ellendale
PO Box 267
Ellendale, ND 58436
Cert. No. 9589 0710 5270 1777 9867 61
Case No. PU-25-236



9590 9402 9511 5069 7909 18

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9867 61

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Nicole Gunn

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Nicole Gunn

C. Date of Delivery

9/22/25

D. Is delivery address different from item 1?

- ☐ Yes
- ☐ No

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#



PAID ND 5811

23 SEP 2025 PM 1 L

9590 9402 9511 5069 7909 18

United States
Postal Service

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

ND Public Service Commission
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Bismarck, ND 58505-0480

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NORTH DAKOTA

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1. Article Addressed to:

Keith Heidinger – Chairman
LaMoure County
PO Box 128
LaMoure, ND 58458
Cert. No. 9589 0710 5270 1777 9867 92
Case No. PU-25-236



9590 9402 9511 5069 7908 88

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9867 92

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Marie Dorich ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Marie Dorich

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

- ☐ 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#

FARGO ND 581

PM 12



9590 9402 9511 5069 7908 88

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

United States
Postal Service

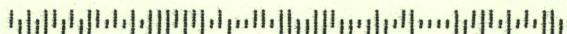
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NORTH DAKOTA
PUBLIC SERVICE COMMISSION



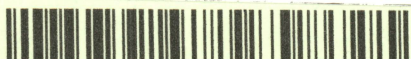
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1. Article Addressed to:

Joel Leppert – Chairman
 Russell Township
 8316 88th Ave SE
 Dickey, ND 58431
 Cert. No. 9589 0710 5270 1777 9567 09
 Case No. PU-25-236



9590 9402 9511 5069 7909 70

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9567 09

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Joel Leppert

☐ Agent
☒ Addressee

B.

Received by (Printed Name)

Joel Leppert

C. Date of Delivery

9/22-2

D.

Every address different from item 1? ☐ Yes
 enter delivery address below: ☐ No

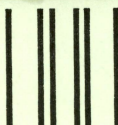
3. Service Type

- ☐ 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)
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- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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