

pu-25-244

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 Jason Bentz
Co-General Manager/CEO
MOR-GRAN-SOU Electric Cooperative
PO Box 297
Flasher, ND 58535-0297
Cert. No. 9589 0710 5270 1777 9870 41
Case No. PU-25-244



9590 9402 8005 2305 4428 12

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9870 41

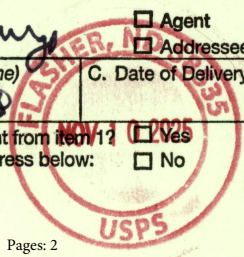
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Julie Amy
- B. Received by (Printed Name)
Julie Amy
- C. Date of Delivery
NOV 13 2025
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

10 PU-25-244 Filed 11/13/2025 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

Domestic Return Receipt

USPS TRACKING® V 2025AM 1



9590 9402 8005 2305 4428 12



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•

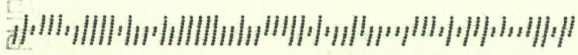
ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

RECEIVED

NOV 13 2025

NORTH DAKOTA

PUBLIC SERVICE COMMISSION



PU-25-244

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1
Travis Kupper
Co-General Manager/CEO
MOR-GRAN-SOU Electric Cooperative
PO Box 297
Flasher, ND 58535-0297
Cert. No. 9589 0710 5270 1777 9870 34
Case No. PU-25-244



9590 9402 8005 2305 4428 29

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9870 34

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Julie Armijo

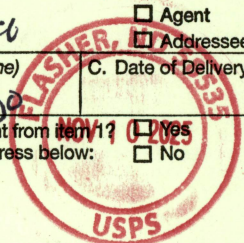
- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Julie Armijo

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

USPS TRACKING #



9590 9402 8005 2305 4428 29



First-Class Mail
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**United States
Postal Service**

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NOV 13 2025

ND PUBLIC SERVICE COMMISSION

