

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 9843 00
 Case No. PU-25-244



9590 9402 8005 2305 4425 53

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9843 00

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee
 X *[Signature]*

B. Received by (Printed Name) GARY Fitterer



C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

18 PU-25-244 Filed 12/24/2025 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

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

Domestic Return Receipt

USPS TRACKING# BISMARCK ND 585



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

9590 9402 8005 2305 4425 53

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

DEC 24 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION



PU-25-244

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Travis Kupper
 Co-General Manager/CEO
 MOR-GRAN-SOU Electric Cooperative
 PO Box 297
 Flasher, ND 58535-0297
 Cert. No. 9589 0710 5270 1777 9872 94
 Case No. PU-25-244



9590 9402 8005 2305 4425 60

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9872 94

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name)

GARY FITTERS

C. Date of Delivery

DEC 22 2025

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® ND 585



9590 9402 8005 2305 4425 60

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