

PU-25-284

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:

Jess McIntyre – Chairman  
White Earth Township  
7025 101st Ave NW  
Tioga, ND 58852  
Cert. No. 9589 0710 5270 2708 2381 64  
Case No. PU-25-284



9590 9402 9542 5121 0530 50

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2381 64

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

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

10 PU-25-284 Filed 01/14/2026 Pages: 10  
Return Receipt (10)

United States Postal Service

3. Service Type

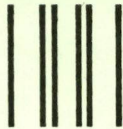
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™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

Domestic Return Receipt

USPS TRACKING #



9590 9402 9542 5121 0530 50



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\*

RECEIVED

JAN 14 2026

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

PU-25-284

**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:

Lex Tande – Chairman  
Battleview Township  
7945 97th Ave NW  
Battleview, ND 58773  
Cert. No. 9589 0710 5270 2708 2381 88  
Case No. PU-25-284



9590 9402 9542 5121 0535 55

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2381 88

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Lex Tande

C. Date of Delivery

01/10/26

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☒ 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)

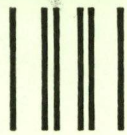
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Rec.

**USPS TRACKING #**



9590 9402 9542 5121 0535 55



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

JAN 14 2026

NORTH DAKOTA

PUBLIC SERVICE COMMISSION

PU-25-284

**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:**

Mark Knudson – Chairman  
Long Creek Township  
11223 108th St NW  
Crosby, ND 58730  
Cert. No. 9589 0710 5270 2708 2382 49  
Case No. PU-25-284



9590 9402 9542 5121 0534 94

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

9589 0710 5270 2708 2382 49

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Sam Olson*

- ☐ Agent  
☐ Addressee

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

*Kim Olson*

**C. Date of Delivery**

*1/10/26*

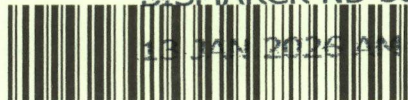
- D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

**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) |   |

**USPS TRACKING #**

**BISMARCK ND 585**



13 JAN 2026 AM 11

9590 9402 9542 5121 0534 94



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

**United States  
Postal Service**

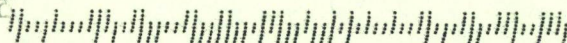
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

JAN 14 2026

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION



7u-25-284

**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:

Betty Dhuyvetter – Clerk/Treasurer  
Harmonius Township  
9950 Co Rd 6  
Columbus, ND 58727  
Cert. No. 9589 0710 5270 2708 2381 95



9590 9402 9542 5121 0535 48

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2381 95

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Betty Dhuyvetter*

- ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*Betty Dhuyvetter*

C. Date of Delivery

01-10-26

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

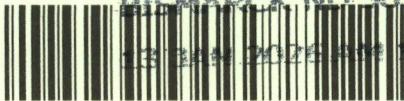
3. Service Type

- ☐ 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

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 9542 5121 0535 48



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

**United States  
Postal Service**

RECEIVED

JAN 14 2026

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

• 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-25-284

**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:

Scott Johnson – Chairman  
Border Township  
9588 103rd Ave NW  
Noonan, ND 58765  
Cert. No. 9589 0710 5270 2708 2382-18  
Case No. PU-25-284



9590 9402 9542 5121 0535 24

2. Article Number (Transfer from service label)  
**9589 0710 5270 2708 2382 18**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *Scott Johnson* ☐ 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

|  |   |
|--|---|
| <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 #**



9590 9402 9542 5121 0535 24



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

**United States  
Postal Service**

RECEIVED

JAN 14 2026

NORTH DAKOTA

• 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-25-284

**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:**

Brian Skaar – Chairman  
Bicker Township  
7470 100th Ave NW  
Tioga, ND 58852  
Cert. No. 9589 0710 5270 2708 2381 71  
Case No. PU-25-284



9590 9402 9542 5121 0530 43

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

9589 0710 5270 2708 2381 71

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Brian Skaar*

☐ Agent

☒ Addressee

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

*Brian Skaar*

**C. Date of Delivery**

*1/10/25*

**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

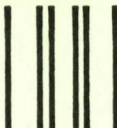
PS Form 3811, July 2016 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 9542 5121 0530 43

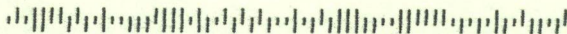


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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



PU-25-284

**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:**

Justin Rindel – Chairman  
Blooming Valley Township  
11305 100th St NW  
Crosby, ND 58730  
Cert. No. 9589 0710 5270 2708 2382 32  
Case No. PU-25-284



9590 9402 9542 5121 0535 00

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

9589 0710 5270 2708 2382 32

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

x Kim Olson

- ☒ Agent
- ☐ Addressee

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

Kim Olson

**C. Date of Delivery**

1/14/25

**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

Domestic Return Receipt

**USPS TRACKING #**

BISMARCK ND 585



9590 9402 9542 5121 0535 00



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

JAN 14 2026

PU-25-284

**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:

James Elbernd – Chairman  
Fillmore Township  
10329 117th Ave NW  
Crosby, ND 58730  
Cert. No. 9589 0710 5270 2703 2382 56  
Case No. PU-25-284



9590 9402 9542 5121 0534 87

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2382 56

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Kim Olson*

- ☒ Agent
- ☐ Addressee

B. Received by (Printed Name)

*Kim Olson*

C. Date of Delivery

*11/19/26*

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 #

BISMARCK ND 585



9590 9402 9542 5121 0534 87



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

United States  
Postal Service

RECEIVED

JAN 14 2026

• 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-25-284

**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:**

Dane Glasoe – Chairman  
Upland Township  
11370 91st St  
Wildrose, ND 58795  
Cert. No. 9589 0710 5270 2708 2382 25  
Case No. PU-25-284



9590 9402 9542 5121 0535 17

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

9589 0710 5270 2708 2382 25

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Dane Glasoe*

☐ Agent

☒ Addressee

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

*Dane Glasoe*

**C. Date of Delivery**

*1/9/26*

**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#**

**BISMARCK ND 585**



9590 9402 9542 5121 0535 17



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

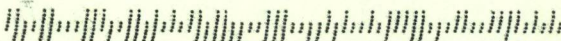
**United States  
Postal Service**

RECEIVED

JAN 14 2026

• 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-25-284

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:

Rick Haakenson – Chairman  
Stone View Township  
8690 105th Ave NW  
McGregor, ND 58755  
Cert. No. 9589 0710 5270 2708 2382 01  
Case No. PU-25-284



9590 9402 9542 5121 0535 31

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2382 01

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Christa Hauke*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
- ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- X ☒ Certified Mail®
- X ☒ 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 #



9590 9402 9542 5121 0535 31



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

JAN 14 2026

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

