

PU-26-157

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:

Jason Topp
Assistant General Counsel
Lumen
200 S 5th Street, Room 2200
Minneapolis, MN 55402
Cert. No. 9589 0710 5270 2708 2445 78
Case No. PU-26-157



9590 9402 9639 5199 3468 13

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2445 78

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

9/17

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

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Return Receipt

United States Postal Service

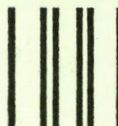
3. Service Type

- ☐ 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

USPS TRACKING #



9590 9402 9639 5199 3468 13



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

**United States
Postal Service**

RECEIVED

SEP 17 2026

NORTH DAKOTA
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

