

PU-26-284

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. Mike Nelson
Supervisor
Harmony Township
16105 34th St SE
Casselton, ND 58012
Cert. No. 9589 0710 5270 2708 2444 31
Case No. PU-26-284



9590 9402 9639 5199 3473 84

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2444 31

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
Camilla Nelson ☒ Addressee

B. Received by (Printed Name) *CAMILLA NELSON* C. Date of Delivery *9/3/2026*

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

11 PU-26-284 Filed 09/08/2026 Pages: 2
Return Receipt (2)

United States Postal Service

3. Service Type

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

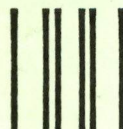
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 9639 5199 3473 84

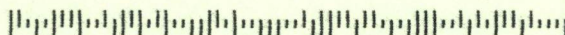


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

RECEIVED
SEP 8 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-26-284

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1. Article Addressed to:

James Nelson
Supervisor
Harmony Township
PO Box 99
Casselton, ND 58012-0099
Cert. No. 9589 0710 5270 2708 2444 24
Case No. PU-26-284



9590 9402 9639 5199 3473 91

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2444 24

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Nelson* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-3-20

D. Is delivery address different from item 1?

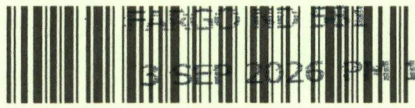
☐ Yes
☒ No

If YES, enter delivery address below:

3. Service Type

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

USPS TRACKING #



9590 9402 9639 5199 3473 91



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

**United States
Postal Service**

RECEIVED

SEP 8 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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ND Public Service Commission
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Bismarck, ND 58505-0480

