PU-26-320

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.

Carey Roesel
Consultant
J[illegible]
1[illegible] Lane, Suite 450
Ma[illegible]2751
[illegible]0710 5270 2708 2447 83

9590 9402 9639 5199 3475 06

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

9589 0710 5270 2708 2447 83

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Schultz

C. Date of Delivery 10/27/26

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

6 PU-26-320 Filed 10/30/2026 Pages: 1
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

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

USPS TRACKING #

ORLANDO FL 328
27 OCT 2026PM 2 L

9590 9402 9639 5199 3475 06

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
OCT 30 2026
NORTH DAKOTA
PUBLIC SERVICE COMMISSION