

(Transfer from service label)

7003 2260 0001 3516 1645

2. Article Number

*Don Ball
Mortgage-Data Utilities Co
400 N 24th St
Beverly MD 38501*

1. Article Addressed to:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

2005
JAN 18 PM

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

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

C. Date of Delivery *1-17-06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

(Transfer from service label)

7003 2260 0001 3516 1614

2. Article Number

*Carol K. Rowan
Finger + Klumpke PC
PO Box 1000
Frost MD 58702-1000*

1. Article Addressed to:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

2006
JAN 18 PM

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *Carol K. Rowan*

C. Date of Delivery *1-17-06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

*Don Family
Mortgage-Data Utilities Co
400 N 24th St
Beverly MD 38501*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

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

C. Date of Delivery *1-17-06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number

(Transfer from service label)

7003 2260 0001 3516 1621

PN-05-551

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Don Ball
 Montana - Dakota Utilities Co
 400 N 4th St
 Bismarck ND 58504

2. Article Number

(Transfer from service label)

7005 0390 0001 4590 7435

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *(Signature)*

Agent

Addressee

B. Received by (Printed Name)

Al Solberg

C. Date of Delivery

10-20-05

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

*Frankell & Belle
 Smith Baker Occupational Therapy
 PO Box 460
 Bismarck ND 58502-0460*

2. Article Number

(Transfer from service label)

7003 2260 0001 3516 1638

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Steffy Sandgren* Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery *1-4-06*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PN-05-551

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Carol K Hanson
 Pringle Hospital
 PO Box 1000
 Minot ND 58702-1000

2. Article Number

(Transfer from service label)

7005 0390 0001 4590 7442

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cheryl Hanson*

Agent

Addressee

B. Received by (Printed Name)

Cheryl Hanson

C. Date of Delivery

10-20-05

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-05-551

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Ms. Carol K. Larson
Pringle & Herigstad, P.C.
P. O. Box 1000
Minot, ND 58702-1000

2. Article Number (Transfer from service label) **7002 2410 0003 4912 1132**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Cheryl Hanson

B. Received by (Printed Name) Cheryl Hanson
 C. Date of Delivery 3-14-06

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

MAR 14 2006

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

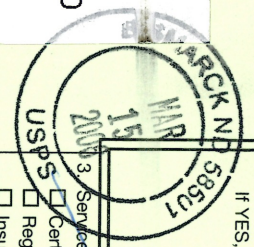
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mr. Jerome C. Kettleson
Pearce & Durick
P. O. Box 400
Bismarck, ND 58502-0400



A. Signature X [Signature]
 Agent Addressee
 B. Received by (Printed Name) Jerome C. Kettleson
 C. Date of Delivery 3-15-06
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

4. Restricted Delivery? (Extra Fee) Yes

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

COMPLETE THIS SECTION ON DELIVERY

2. Article Number (Transfer from service label)
 PS Form 3811, August 2001

7002 2410 0003 4912 1156
 Domestic Return Receipt

102595-02-M-1035

PU-05-551

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mr. Daniel S. Kuntz
MDU Resources Group, Inc.
P. O. Box 5650
Bismarck, ND 58502-5650

2. Article Number (Transfer from service label) **7002 2410 0003 4912 1149**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
 Agent Addressee

B. Received by (Printed Name) [Signature]
 C. Date of Delivery 3-14-06

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Don Ball
 Montana - Dakota Utilities Co.
 400 N 4th St
 Bismarck ND 58501

2. Article Number (Transfer from service label) 7004 2510 0004 8815 2889

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 4-13-06

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Carol K Hanson
 Pringle + Hargestad
 PO Box 1000
 Minot ND 58072-1000

2. Article Number (Transfer from service label) 7004 2510 0004 8815 2896

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Cheryl Hanson 4-13-06

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 APR 13 2006

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Carol K Hanson
 Pringle + Hargestad PC
 PO Box 1000
 Minot ND 58072-1000

A. Signature Agent Addressee
 [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Cheryl Hanson 6/26/06

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 JUN 26 2006

2. Article Number (Transfer from service label) 7005 1820 0002 3243 3901
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-05-551

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Jerome C Kettison
 Pearce Durick
 PO Box 400
 Bismarck ND 58502-0400

2. Article Number
 (Transfer from service label) **7005 1820 0002 3243 3925**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Bathryn Crawford* C. Date of Delivery

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

JUN 26 2006

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Dan Kuntz
 Montana-Nobilo Optics Co
 400 W 4th St
 Bismarck ND 58501

2. Article Number
 (Transfer from service label) **7005 1820 0002 3243 3918**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *AT Setz* C. Date of Delivery *6/28/06*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Bruce Timberborn
 Cotton Seed Corporation
 215 S Cassell St
 Fargo ND 58103-0490

2. Article Number
 (Transfer from service label) **7005 1820 0002 3243 3840**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) **7005 1820 0002 3243 3840**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540