

PU-06-278 PU07425

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 LARSON
 PRINGLE + HERGISTAD
 PO BOX 1000
 MINOT ND
 58702-1000

2. Article Number (Transfer from service label) **7007 0710 0001 5987 8071**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Cheryl Hanson

B. Received by (Printed Name) C. Date of Delivery
 Cheryl Hanson 10/17/07

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

PU-06-278

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 1170**
 PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0988

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 7-14-06

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

1. Article Addressed to:
 Don Ball
 Mortons - Dakota Utilities Co.
 400 N 4th St
 Bismarck ND 58501

2. Article Number (Transfer from service label) **7005 1820 0002 3243 3963**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 7-14-06

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

PU 06 278 PU 07 425

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 KETTELSON
 PEARLE + DURRIK
 PO Box 400
 BISMARCK ND
 58502-0400

2. Article Number **7007 0710 0001 5987 8064**
 (Transfer from service label)

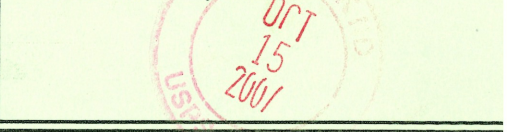
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540
 PU 04 278 PU 07 425

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Belinda Dickson** C. Date of Delivery **10-15-07**

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:
 DANIEL KUNTZ
 MDU RESOURCES GROUP
 PO Box 5650
 BISMARCK ND
 58502-5650

2. Article Number **7007 0710 0001 5987 7906**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

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

4. Restricted Delivery? (Extra Fee) Yes

PU 06 278 PU 07 425

COMPLETE THIS SECTION ON DELIVERY

- 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, VP REG AFFAIRS
 MDU
 400 N. 4th ST
 BISMARCK ND 58501

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery **10-15-07**

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

2. Article Number **7007 0710 0001 5987 7883**
 (Transfer from service label)

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

25 AUG 2006

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 Kuntz
 Montana - Dakota Utilities Co.
 400 N 14th St
 Bismarck ND 58501

2. Article Number
 (Transfer from service label)
 7005 1820 0002 3243 3970

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

4. Restricted Delivery? (Extra Fee) Yes

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

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 & Hergistad PC
 P. O. Box 1000
 Minot, ND 58702-1000

2. Article Number
 (Transfer from service label)
 7005 1820 0002 3242 9461

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

4. Restricted Delivery? (Extra Fee) Yes

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

25 AUG 2006

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 14th St
 Bismarck ND 58501

2. Article Number
 (Transfer from service label)
 7005 1820 0002 3243 3970

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

4. Restricted Delivery? (Extra Fee) Yes

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 AFI Solberg

C. Date of Delivery
 8-25-06

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

25 AUG 2006

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 & Hergistad PC
 P. O. Box 1000
 Minot, ND 58702-1000

2. Article Number
 (Transfer from service label)
 7005 1820 0002 3242 9461

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

4. Restricted Delivery? (Extra Fee) Yes

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Cheryl Hanson

C. Date of Delivery
 8/25/06

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

2. Article Number
 (Transfer from service label)
 7005 1820 0002 3243 3987

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

P4-06-278

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. Kettleon
Pearce & Durick
P. O. Box 400
Bismarck, ND 58502-0400

2. Article Number
(Transfer from service label)

7005 1820 0002 3242 9454

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Belinda D... Addressee

B. Received by (Printed Name) Agent
Belinda D... Addressee

C. Date of Delivery
8-25-06

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

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 Kettleon
Pearce & Durick
PO Box 400
Bismarck ND 58502-0400*

2. Article Number
(Transfer from service label)

7005 3110 0003 6265 6434

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Bethany Schmidt Addressee

B. Received by (Printed Name) Agent
Bethany Schmidt Addressee

C. Date of Delivery
10/19/06

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

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
Mortara - Dakota Utilities Co
400 N 4th St
Bismarck ND 58501*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) Agent
[Signature] Addressee

C. Date of Delivery
10/17/06

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

2. Article Number
(Transfer from service label)

7005 3110 0003 6265 6410

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PU-06-278

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 Kuntz
 MDI Resources Group Inc
 PO Box 5650
 Lurmore, ND 58502-5650

2. Article Number (Transfer from service label) 7005 3110 0003 6265 6427

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent Addressee

B. Received by (Printed Name) AL Solt C. Date of Delivery 10/17/06

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

PU-06-278

SENDER: COMPLETE THIS SECTION

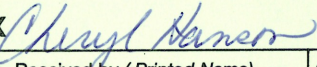
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Carol Hanson
 Pample & Hospital PC
 PO Box 1000
 Minot ND 58702-1000

2. Article Number (Transfer from service label) 7005 3110 0003 6265 6441

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

COMPLETE THIS SECTION ON DELIVERY

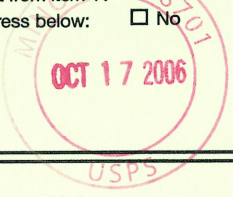
A. Signature
 X  Agent Addressee

B. Received by (Printed Name) Cheryl Hanson C. Date of Delivery 10/17/06

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



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
 Pample & Hospital PC
 PO Box 1000
 Minot ND 58702-1000

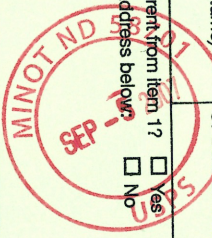
A. Signature
 X  Agent Addressee

B. Received by (Printed Name) _____ 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



COMPLETE THIS SECTION ON DELIVERY

2. Article Number (Transfer from service label) 7007 0710 0001 5988 1934
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PU-06-278

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. KETTLESON
PEARCE + DURICK
PO Box 400
Bismarck, ND 58502-0400

2. Article Number

(Transfer from service label) 7007 0710 0003 6056 8310

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Belinda Dickson

C. Date of Delivery

11-14-07

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:

Jerome C. Kettleison
Pearce + Durick
PO Box 400
Bismarck, ND
58502-0400

2. Article Number

(Transfer from se... 7007 0710 0003 6056 8525

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Belinda Dickson

C. Date of Delivery

11-19-07

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:

Rene Kuntz
MD V Respiratory Shop
PO Box 5850
Bismarck, ND
58502-5850

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Belinda Dickson

C. Date of Delivery

11-19-07

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

2. Article Number

(Transfer from service label) 7007 0710 0003 6056 8518

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

00-210

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 Larson
 Pringle & Hergstad PC
 PO Box 1000
 Minot, ND 58702-1000

2. Article Number
 (Transfer from service label) 7007 0710 0003 6056 8488

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Cheryl Hanson Agent Addressee

B. Received by (Printed Name) Cheryl Hanson
 C. Date of Delivery 11/19/07

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:
 DANIEL S. KUNTZ
 MDU RESOURCES GROUP
 PO Box 5650
 BISMARCK, ND 58502-5650

2. Article Number
 (Transfer from service label) 7007 0710 0003 6056 8327

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

B. Received by (Printed Name) [Signature]
 C. Date of Delivery 11/14/07

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

PU-06-278-278

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Pamela Kellison
 Peace & Justice
 PO Box 400
 Bismarck ND
 58502-0400

2. Article Number
 (Transfer from service label) 7007 0710 0001 5987 6855

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

B. Received by (Printed Name) Pamela Kellison
 C. Date of Delivery 9-5-07

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

102595-02-M-154C

PU-06-278

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
 Vice Pres. Reg. Affairs
 Montana-Dakota Utilities
 400 N 4th
 Bismarck, ND 58501

2. Article Number
 (Transfer from service label) 7007 0710 0001 5988 2085

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Pat Forest* C. Date of Delivery *9-5*

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

PU-06-278

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:
 Daniel S Kuntz
 MDU Resources Group Inc
 PO Box 5650
 Bismarck ND 58502-5650

2. Article Number
 (Transfer from service label) 7007 0710 0001 5987 6862

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Vehtelich* C. Date of Delivery *9-5-07*

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. LARSON
 PRINGLE & HERGISTAD PC
 PO Box 1000
 MINOT ND 58702-1000

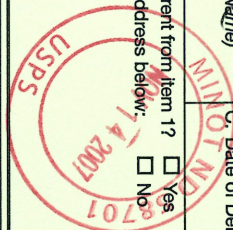
A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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) 7007 0710 0003 6056 8358

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



COMPLETE THIS SECTION ON DELIVERY

66-278 07-425 7-682

PU 07-425 06-278 07-68

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:

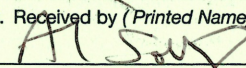
DON BALL
 VP, REGULATORY AFFAIRS
 MONTANA DAKOTA UTILITIES
 400 N 4th ST
 BISMARCK, ND 58501

2. Article Number
 (Transfer from service label)

7007 0710 0003 6056 8341

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)  C. Date of Delivery 11-14-07

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