

PU-06-290

SENDER: COMPLETE THIS SECTION

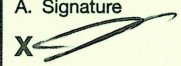
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DONALD R BAIL
 Vice President Regulatory Affairs
 MONTANA-DAKOTA Utilities Co
 400 North 4th ST
 Bismarck ND 58501

2. Article Number
 (Transfer from service label) **7006 0100 0003 7161 3344**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) *Donald R Bail* C. Date of Delivery *1-26-07*

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

102595-02-M-154C

PU-06-290

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
 Assistant General Counsel
 MDU Resources Group Inc
 PO Box 5650
 Bismarck ND 58506-5650

2. Article Number
 (Transfer from service label) **7006 0100 0003 7161 3320**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) *Daniel S Kuntz* C. Date of Delivery *1-26-07*

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.

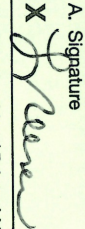
4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-154C

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:
 Thomas D Kelsch
 Kelsch, Kelsch, Luft & Kelsch
 Attorneys for Imation
 103 Collins Ave Box 1266
 Mandan ND 58557-1266

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) *Thomas D Kelsch* C. Date of Delivery *1-26-07*

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) **7006 0100 0003 7161 3337**

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

COMPLETE THIS SECTION ON DELIVERY

PU-06-290

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:
 Thomas D. Kelsch
 Kelsch, Kelsch, Ruff & Kranda
 Attorneys for Emation
 PO Box 1266
 Mandan, ND 58554-1266

2. Article Number
 (Transfer from service label) 7007 0710 0001 5988 1606

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Debra R. Bellrich* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Debra R. Bellrich 8-10-07

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-06-290

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:
 Donald R. Ball
 Vice President Regulatory
 affairs
 Montana Dakota Utilities
 400 North Fourth St.
 Bismarck, ND 58501

2. Article Number
 (Transfer from service label) 7007 0710 0001 5988 1613

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) C. Date of Delivery
 [Signature] 8/10/07

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 & Kinty
 Assistant Strategy Counsel
 MDU Resources Group Inc
 PO Box 5650
 Bismarck, ND 58506-5650

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 8/10/07

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

2. Article Number
 (Transfer from service label) 7007 0710 0001 5988 1590

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

COMPLETE THIS SECTION ON DELIVERY

PU-06-290