

PU-15-110

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:

C T Corporation-System
 Registered Agent for MDU Resources Group
 314 E Thayer Ave
 Bismarck, ND 58501-4018

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Ballou*

Agent

Addressee

B. Received by (Printed Name)

B. Ballou

C. Date of Delivery

5/26/15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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 Return receipt – 7014-0150-0000-4831-4769
 USPS

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

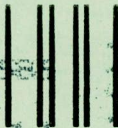
(Transfer from service label)

7014 0150 0000 4831 4769

UNITED STATES POSTAL SERVICE

BISMARCK ND 58505

22 MAY 2015 PM 11



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

- Sender: Please print your name, address, and ZIP+4® in this box•

ND Public Service Commission
600 E. Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

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Return receipt - 7014-0150-0000-4831-4769

USPS

