

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:

Daniel S Kuntz
 Associate General Counsel
 MDU Resources Group Inc.
 PO Box 5650
 Bismarck, ND 58506-5650

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name: J. Hans]

C. Date of Delivery

[Handwritten Date: 5-22-15]

D. Is delivery address different from item 1? Yes

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 Return receipt – 7014-0150-0000-4831-4929
 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 4929

UNITED STATES POSTAL SERVICE

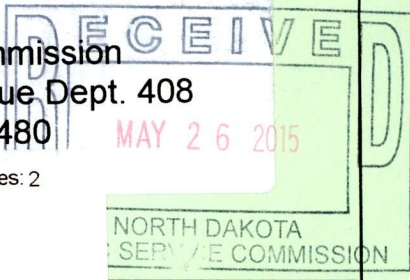
BISMARCK ND 585

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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USPS

