

pu-16-604

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

Karl Liepitz-Senior Attorney
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
Cert. No. 7016 0600 0000 4633 7737

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

9/9/2016

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



9590 9402 1906 6104 3433 00

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Return receipt - 7016-0600-0000-4633-7737
USPS

2. Article Number (*Transfer from service label*)

Cert. No. 7016 0600 0000 4633 7737

- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

pu-16-604

USPS TRACKING #



9590 9402 1906 6104 9453 60

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



RECEIVED

SEP 12 2016

United States
Postal Service

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

RECEIVED

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission

SEP 16 2016 E. Boulevard Ave. Dept. 408

ND 58505-0480

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USPS