

pu-17-123


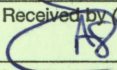
**SENDER: COMPLETE THIS SECTION**

- 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  
 Assistant General Counsel  
 MDU Resources Group, Inc.  
 PO Box 5650  
 Bismarck, ND 58506-5650  
**Cert. No. 7016 1970 0001 1484 4573**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- X 
- B. Received by (Printed Name) 
- C. Date of Delivery **4/20/17**
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



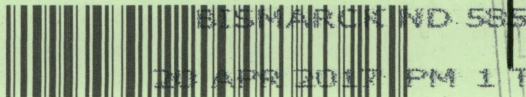
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 Return receipt 7016-1970-0001-1484-4573  
 USPS

2. Article Number (Transfer from service label)  
**Cert. No. 7016 1970 0001 1484 4573**

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Merchandise  Signature Confirmation™
- Signature Confirmation Restricted Delivery

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USPS TRACKING #



9590 9402 2318 6225 3863 78

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

APR 24 2017

United States  
Postal Service

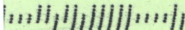
• Sender: Please print your name, address, and ZIP+4® in this box •

PUBLIC SERVICE COMMISSION

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

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Return receipt 7016-1970-0001-1484-4573

USPS



PARTIAL  
SERVICE UNIT