

PU-17-194

**SENDER: COMPLETE THIS SECTION**

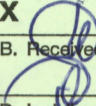
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. 

Karl Levitz  
 Assistant General Counsel  
 MDU Resources Group, Inc.  
 PO Box 5650  
 Bismarck, ND 58506-5650  
**Cert. No. 7016 1970 0001 1484 4306**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** 

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

6-7-17

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



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 Return receipt - 7016-1970-0001-1484-4306  
 USPS

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

**Cert. No. 7016 1970 0001 1484 4306**

- 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 #



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Return receipt - 7016-1970-0001-1484-4306

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

9590

USPS

United  
Postal Service

+4® in this box®

RECEIVED  
JUN - 9 2017  
NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

