

PU-17-228 PU-17-229

**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. Addressee Name  
 Karl Liepitz  
 Associate General Counsel  
 MDU Resources Group Inc.  
 PO Box 5650  
 Bismarck, ND 58502-5560  
**Cert. No. 7015 0640 0006 6993 9645**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/23/17

D. Is delivery address different from item 1?  Yes

**9**

**PU-17-229** Filed: 6/23/2017 Pages: 2  
**Return receipt - 7015-0640-0006-6993-9645**



9590 9402 2326 6225 4

**8**

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**Return receipt - 7015-0640-0006-6993-9645**

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

**Cert. No. 7015 0640 0006 6993 9645**

USPS TRACKING #



9590 9402 2326 6225 4246 97

**United States  
Postal Service**

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

*ND Public Service Commission  
600 E. Boulevard Ave. Dept. 408*

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USPS

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Return receipt - 7015-0640-0006-6993-9645  
USPS

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

JUN 23 2017