

pu-17-295

**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 and Address

Paul Sanderson  
 Attorneys for MDU  
 Evenson Sanderson PC  
 103 South 3rd Street, Suite 5  
 Bismarck, ND 58501  
**Cert. No. 7017 1070 00001507 6804**



9590 9402 3012 7

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Budc [Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Brenda Vitek

C. Date of Delivery

10/02/17

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

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 Return receipt - 7017-1070-0000-1507-6804  
 USPS

2. Article Number (Transfer from service label)

**7017 1070 0000 1507 6804**

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

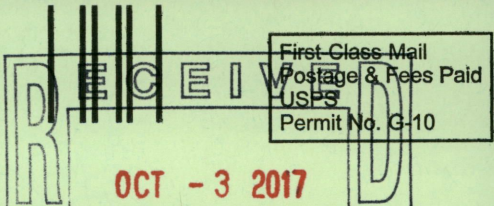
pu-17-295

USPS TRACKING #



9590 9402 3012 7124 6840 73

United States  
Postal Service



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

OCT - 3 2017

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

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USPS