PU-18-89

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.

Karl Liepitz
Assistant General Counsel
MDU Resources Group, Inc.
PO Box 5650
Bismarck, ND 58505-5650
Cert. No. 7018 0680 0001 3738 0608

9590 9402 3790 8032 800

7018 0680 0001 3738 0608

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 10-1-18

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

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Return receipt – 7018-0680-0001-3738-0608
USPS

☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 PU-18-89 Domestic Return Receipt

USPS TRACKING #

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Return receipt – 7018-0680-0001-3738-0608

USPS

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

United States Postal Service

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

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

RECEIVED
OCT 2018
NORTH DAKOTA PUBLIC SERVICE COMMISSION