

Pu-18-381

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Seth Morrison

C. Date of Delivery

11/26/18

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

1.

Karl Liepitz
 Assistant General Counsel
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. No. 7018 2290 0000 6607 7551



9590 9402 4492 824

11 PU-18-381 Filed 11/27/2018 Pages: 2
 Return receipt – 7018-2290-0000-6607-7551
 USPS

2

7018 2290 0000 6607 7551

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

- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Pu-18-381

USPS TRACKING #



9590 9402

United States
Postal Service

11

PU-18-381

Filed: 11/27/2018 Pages: 2

Return receipt - 7018-2290-0000-6607-7551

USPS

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

* Send Postage and your name, address, and ZIP+4® in this box*

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