

PU-19-332

**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 58506-5650*  
*Cert. No. 7018 2290 0000 6607 8213*



9590 9402 5199 9122

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*Scott N. [Signature]*

C. Date of Delivery

*10/28/19*

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

3. Service Type

Priority Mail Express®

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 Return receipt - 7018-2290-0000-6607-8213  
 USPS

2. Article Number (Transfer from service label)

**7018 2290 0000 6607 8213**

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

USPS TRACKING #



9590 9402 5

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PU-19-332

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Return receipt - 7018-2290-0000-6607-8213

Mail Fees Paid

G-10

USPS

United States Postal Service

RECEIVED

OCT 30 2019

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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

Box\*

