

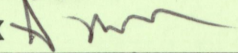
PU-19-364

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.

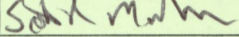
COMPLETE THIS SECTION ON DELIVERY

A. Signature

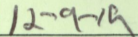
X 

Agent
 Addressee

B. Received by (*Printed Name*)



C. Date of Delivery



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

Karl Liepitz
Assistant General Counsel
MDU Resources Group, Inc.
PO Box 5650
Bismarck, ND 5856-56560
Cert. No. 7018 0680 0001 3737 7226



9590 9402 5199 91

9 PU-19-364 Filed 12/10/2019 Pages: 2
Return receipt - 7018-0680-0001-3737-7226
USPS

2. Article Number (*Transfer from service label*)

7018 0680 0001 3737 7226

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

USPS TRACKING #



9590 9402 5

9

PU-19-364

Filed: 12/10/2019 Pages: 2

Return receipt - 7018-0680-0001-3737-7226

First-Class Mail

Fees Paid

G-10

USPS

United States
Postal Service

RECEIVED

DEC 10 2019

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

x*