

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. Article Number

Tamie Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N. 4th Street
 Bismarck, ND 58501
 Cert. No. 7019 0700 0000 6174 4073
 Case No. PU-20-191

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gregory Vogel*

- Agent
- Addressee

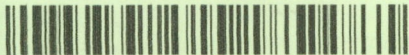
B. Received by (Printed Name)

COV-19 VM

C. Date of Delivery

6-12-20

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



9590 9402 5222 9122 3377 21

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Return receipt
United States Postal Service

Express®
Mail™
Mail Restrict

Receipt for

2. Article Number (Transfer from service label)

7019 0700 0000 6174 4073

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

USPS TRACKING #



First-Class Mail
& Fees Paid

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Return receipt

G-10

9590 9402

United States Postal Service

United States
Postal Service

box*

RECEIVED
JUN 17 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

