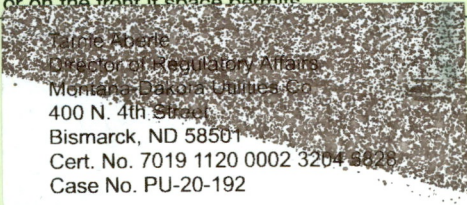


SENDER: COMPLETE THIS SECTION

- 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.  Tammie Aberde
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co
 400 N. 4th Street
 Bismarck, ND 58501
 Cert. No. 7019 1120 0002 3204 6828
 Case No. PU-20-192

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jason Vogel

- Agent
- Addressee

B. Received by (Printed Name)

COV-19 JM

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 35

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Return receipt

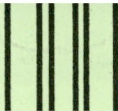
United States Postal Service

2. Article Number (Transfer from service label)

7019 1120 0002 3204 6828

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

USPS TRACKING #



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

9590 9402 5222 9122 3523 04

United States
Postal Service

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

RECEIVED
JUN 16 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
Attn: Public Utilities Division
600 E. Boulevard Ave. Dent 408

11 PU-20-192 Filed: 6/16/2020 Pages: 2
Return receipt

United States Postal Service