

PU-20-193

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.

Tamie Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N. 4th Street
 Bismarck, ND 58501
 Cert. No. 7020 1290 0001 6150 3144
 Case No. PU-20-193

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Vogel

- Agent
- Addressee

B. Received by (Printed Name)

mf

C. Date of Delivery

0-19

2-5-2021

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

3. Service Type

Priority Mail Express®



9590 9402 6024 0069 3920

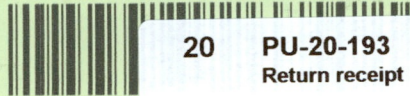
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Return receipt
United States Postal Service

7020 1290 0001 6150 3144

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

USPS TRACKING #



9590 9402

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

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Return receipt

United States Postal Service

United States
Postal Service

RECEIVED
FEB - 8 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

s box*

