

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 3205
 Case No. PU-20-220



9590 9402 6024 0069 3921 5

7020 1290 0001 6150 3205

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Vogel

Agent
 Addressee

B. Received by (Printed Name)

M F C-19

C. Date of Delivery

2-5-20

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

3. Service Type

Priority Mail Express®

20 PU-20-220 Filed 02/08/2021 Pages: 2

Return receipt

United States Postal Service

Insured Mail
 Insured Mail Restricted Delivery
 (over \$500)

Signature Confirmation
 Restricted Delivery

USPS TRACKING #

First-Class Mail

s Paid

Pages: 2

20

PU-20-220

Filed: 2/8/2021

Return receipt



9590 9402 602

United States Postal Service

United States
Postal Service

RECEIVED
FEB - 8 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISS

ND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

