

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. A

Travis Jacobson
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N. 4th Street
 Bismarck, ND 58501
 Cert. No. 7019 2280 0000 0692 7580
 Case No. PU-20-366

COMPLETE THIS SECTION ON DELIVERY

A. Signature

S. Mosbrucker Agent
 Addressee

B. Received by (*Printed Name*)

mf C-19

C. Date of Delivery

9-25-20

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

3. Service Type

Priority Mail Express®



9590 9402 6143 0209

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Return receipt

United States Postal Service

2.

7019 2280 0000 0692 7580

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

USPS TRACKING #



9590 9402

United States
Postal Service

RECEIVED

SEP 28 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSIO

9

PU-20-366
Return receipt

Filed: 9/28/2020

Pages: 2

United States Postal Service

First-Class Mail

& Fees Paid

G-10

box*

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

