

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.

Travis Jacobson
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N. 4th Street
 Bismarck, ND 58501

COMPLETE THIS SECTION ON DELIVERY

A. Signature

S. Mosbrucker Agent
 Addressee

B. Received by (Printed Name)

mf C-19

C. Date of Delivery

11-16-20

D. 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 139

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Return receipt

United States Postal Service

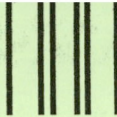
2. Article Number (Transfer from service label)

7019 2280 0000 0693 1181

Mail
 Mail Restricted Delivery

Signature Confirmation
 Restricted Delivery

USPS TRACKING #



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

9590 9402 6143 0209 1391 85

United States
Postal Service

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

RECEIVED
NOV 17 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

PUBLIC SERVICE COMMISSION
600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

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Return receipt

United States Postal Service