

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.

Karl Liepitz
 Assistant General Counsel
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. No. 7020 1290 0001 6150 5858
 Case No. PU-20-379



9590 9402 6024 0069 3939

2. 7020 1290 0001 6150 5858

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Vogel*

- Agent
 Addressee

B. Received by (Printed Name)

MF

C. Date of Delivery

12-21-20

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

3. Service Type

Priority Mail Express®

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 Return receipt
 United States Postal Service

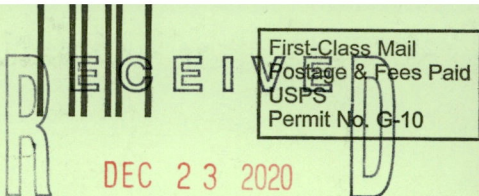
- Collect on Delivery Restricted Delivery Signature Confirmation™
 Insured Mail Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 6024 0069 3939 38



United States
Postal Service

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

NORTH DAKOTA

PUBLIC SERVICE COMMISSION

ND Public Service Commission

Attn: Public Utilities Dept.

600 E Boulevard Ave. Dept. 408

Filed: 12/23/2020 Pages: 2

0480

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PU-20-379

Return receipt

United States Postal Service