

PU-20-379

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
 Cert. No. 7020 1290 0001 6150 5841
 Case No. PU-20-379

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Vogel*

- Agent
- Addressee

B. Received by (Printed Name)

MF C-19

C. Date of Delivery

12-21-20

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



9590 9402 6024 0069 3939

3. Service Type

Priority Mail Express®

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 Return receipt
 United States Postal Service

ail™
 ail Restrict
 t for

7020 1290 0001 6150 5841

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

- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 6024 0069 3939 45

RECEIVED

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

DEC 23 2020

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
80

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Return receipt

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