

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *J. Vogel*

- Agent
- Addressee

B. Received by (Printed Name)

mf C-19

C. Date of Delivery

6-11-21

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

Travis Jacobson
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N. 4th Street
 Bismarck, ND 58501
 Cert. No. 7020 1810 0000 0894 2073
 Case No. PU-20-414



9590 9402 6611 10

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Return receipt
United States Postal Service

7020 1810 0000 0894 2073

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

USPS TRACKING #



9590 9402 6

8

PU-20-414
Return receipt

Filed: 6/14/2021

Pages: 2

First-Class Mail

Fees Paid

G-10

United States Postal Service

United States
Postal Service

RECEIVED
JUN 14 2021

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

