

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.

Travis Jacobson
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N 4th Street
 Bismarck, ND 58501
 Cert. No. 7020 1290 0001 6150 6015
 Case No. PU-20-436



9590 9402 6024 0069 3949 11

2.

7020 1290 0001 6150 6015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

S. Mosbrucker Agent
 Addressee

B. Received by (Printed Name)

MS C-19

C. Date of Delivery

1-8-2021

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

Insured Mail Restricted Delivery (over \$500)

Restricted Delivery

USPS TRACKING #



9590 9402 60

United States
Postal Service

RECEIVE

JAN 12 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

17

PU-20-436

Return receipt

Filed: 1/12/2021

Pages: 2

First-Class Mail

Fees Paid

G-10

United States Postal Service

Box*

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