

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
 Karl Liepitz
 Vice President, General Counsel & Secretary
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. No. 7020 1810 0000 0894 1977
 Case No. PU-21-08

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Vogel

Agent
 Addressee

B. Received by (Printed Name)

MS LA

C. Date of Delivery

5-10-21

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

3. Service Type

Priority Mail Express®



9590 9402 6611 1

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Return receipt
United States Postal Service

2
7020 1810 0000 0894 1977

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

USPS TRACKING#

27

PU-21-8

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Mail Fees Paid

Return receipt

G-10



9590 9402 6

United States Postal Service

United States Postal Service

MAY 11 2021

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

ND Public Service Commission

Attn: Public Utilities Division

600 E. Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

NORTH DAKOTA PUBLIC SERVICE COMMISSION

