

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.

Allison Mann
 Attorney
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. No. 7020 1810 0000 0893 9547
 Case No. ~~PU-21-335~~ 21-335



9590 9402 6208 0220 8245 16

7020 1810 0000 0893 9547

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Vogel

Agent
 Addressee

B. Received by (Printed Name)

KB C-19

C. Date of Delivery

8-6-21

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



8

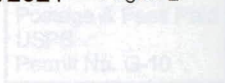
PU-21-335

Filed: 8/10/2021

Pages: 2

Return Receipt

United States Postal Service



9590 9402 6208 0220 8245 16

United States
Postal Service

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

RECEIVED

ND Public Service Commission

Attn: Public Utilities Division

AUG 10 2021

600 E. Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER

