

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 North Fourth Street
 Bismarck, ND 58501
 Cert. No. 7020 1810 0000 0893 9530
 Case No. PU-21-335



9590 9402 6208 0220 8245 09

2.

7020 1810 0000 0893 9530

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Vogel

 Agent
 Addressee
B. Received by (*Printed Name*)

KB C-19

C. Date of Delivery

8-9-21

D. Is delivery address different from item 1? YesIf 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 #



9

PU-21-335
Return receipt

Filed: 8/12/2021

Pages: 2

United States Postal Service

9590 9402 6208 0220 8245 09

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
600 E. Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

AUG 12 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER

