

PU-22-323

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.

Travis Jacobson
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 7021 2720 0001 0484 6019
 Case No. PU-22-323



9590 9402 7113 1251 6423 53

7021 2720 0001 0484 6019

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Vogel

12 OCT 2022

- Agent
- Addressee

B. Received by (Printed Name)

MS

C. Date of Delivery

10-22-22

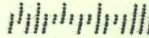
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 Return receipt
 United States Postal Service

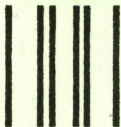
3. Service Type

- 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 #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 7113 1251 6423 53

**United States
Postal Service**

• 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*

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PU-22-323

Return receipt

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United States Postal Service