

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.

Allison Waldon
Attorney
MDU Resources Group, Inc.
PO Box 5650
Bismarck, ND 58506-5650
Cert. No. 7021 2720 0003 0049 2232
Case No. PU-22-337



9590 9402 7113 1251 6419 98

2.

7021 2720 0003 0049 2232

PU-22-337

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Vagle

Agent

Addressee

B. Received by (Printed Name)

MF

C. Date of Delivery

8-24-22

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®

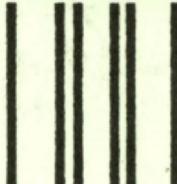
Registered Mail™

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 7153 1251 6419 98

United States
Postal Service

RECEIVED

AUG 26 2022

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

• 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

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Return receipt

Pages: 2

United States Postal Service