

PU-23-322

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 4th Street
 Bismarck, ND 58501



9590 9402 8606 3244 9334 88

2. Article Number (Transfer from service label)
 9589 0710 5290 0129 6616 53

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Travis Jacobson Addressee

B. Received by (Printed Name) C. Date of Delivery

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

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8606 3244 9334 88



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

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
 Bismarck, ND 58505-0480

RECEIVED

OCT 30 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

