

PU-23-341

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

William J. Behrmann
 Attorney
 ES Attorneys
 1100 College Drive, Suite 5
 Bismarck, ND 58501
 Cert. No. 9589 0710 5270 0129 6617 07
 Case No. PU-23-341



9590 9402 8606 3244 9334 33

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6617 07

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

Brook Uitek

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

Brook Uitek

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

70 PU-23-341 Filed 11/14/2024 Pages: 2
 Return Receipt (2)

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

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

USPS TRACKING#

BISMARCK ND 585
 12 NOV 2024PM 1 L



9590 9402 8606 3244 9334 33

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

**United States
 Postal Service**

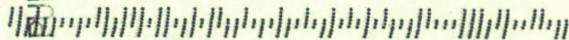
• Sender: Please print your name, address, and ZIP+4® in this box•

ND Public Service Commission
 Attn: Public Utilities Division
 600 E Boulevard Ave. Dept. 408
 Bismarck, ND 58505-0480

RECEIVED

NOV 14 2024

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION



PU-23-341

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1. Article Number

Allison Waldon
 Attorney
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. 9589 0710 5270 0129 6617 14
 Case No. PU-23-341



9590 9402 8606 3244 9334 26

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6617 14

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11-22-24*

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

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

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

Domestic Return Receipt

USPS TRACKING#
BISMARCK ND 585



9590 9402 8606 3244 9334 26

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

United States
Postal Service

RECEIVED

NOV 14 2024

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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ND Public Service Commission
 Attn: Public Utilities Division
 600 E Boulevard Ave. Dept. 408
 Bismarck, ND 58505-0480

