## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. 26 or on the front if space permits. 1. D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No Travis Jacobson Director, Regulatory Affairs 25 PU-24-91 Filed 11/29/2024 Pages: 1 Montana-Dakota Utilities Co. Return Receipt 400 North 4th Street Bismarck, ND 58501 United States Postal Service Cert. No. 9589 0710 5270 0129 6619 67 Case No. PU-24-91 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery Certified Mail® 9590 9402 8606 3244 9337 09 ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery 9589 0710 5240 0129 66196 (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt USPS TRACKING# First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 8606 3244 9337 09 **United States** Sender: Please print your name, address, and ZIP+4® in this box **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480 ւմյովրայիսկիկիրահովիսկիկիկիկիկիրը,իկիրիրերյիի