Pu. 24-91 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3, ■ 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. or on the front if space permits. A state A dalumanad to D. Is delivery address different from item 1? If YES, enter delivery address below: □ No Allison Waldon Senior Attorney 27 PU-24-91 Filed 12/04/2024 Pages: 1 MDU Resources Group, Inc. Return Receipt 1200 W Century Ave. Bismarck, ND 58503 United States Postal Service Cert. No. 9589 0710 5270 0129 6619 98 Case No. PU-24-91 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery Certified Mail® ☐ Certified Mail Restricted Delivery 9590 9402 8606 3244 9336 79 □ 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 589 0410 5240 0129 6619 (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 9336 79 **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

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