

PU-24-169

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. Article Addressed to:

Travis Jacobson
 Director Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 9589 0710 5270 0129 6615 47
 Case No. PU-24-169



9590 9402 8606 3244 9335 49

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6615 47

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name)
 Brent D. [Signature]

C. Date of Delivery
 5-28-24

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

9 PU-24-169 Filed 05/30/2024 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 P Delivery
 - Signature
 - Signature Confirmation

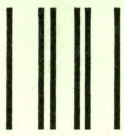
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8606 3244 9335 49



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

United States Postal Service

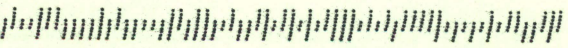
• Sender: Please print your name, address, and ZIP+4® in this box•

RECEIVED

MAY 30 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

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



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1.
 Jason Bentz
 Co-General Manager/CEO
 KEM Electric Cooperative
 Box 790
 Linton, ND 58552-0790
 Cert. No. 9589 0710 5270 0129 6615 61
 Case No. PU-24-169



9590 9402 8606 3244 9341 40

2. Article Number (Transfer from service label)
 9589 0710 5270 0129 6615 61

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Dorise Hark

B. Received by (Printed Name) Agent
Dorise Hark Addressee

C. Date of Delivery Agent
 5-28-2024 Addressee

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

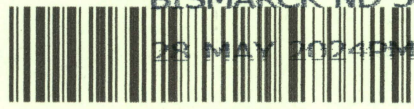
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered 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



28 MAY 2024 PM 1 L

9590 9402 8606 3244 9341 40

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

United States Postal Service

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 Bismarck, ND 58505-0480

