

PU-25-279

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. Allison Waldon
 Senior Attorney
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. No. 9589 0710 5270 1777 9871 71
 Case No. PU-25-279



9590 9402 8005 2305 4426 83

2. Article Number (Transfer from service label)
 9589 0710 5270 1777 9871 71

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11-24-25*

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

10 PU-25-279 Filed 12/01/2025 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

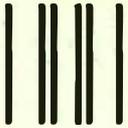
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING® ND 585 BISMARCK ND 585



9590 9402 8005 2305 4426 83



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

United States Postal Service

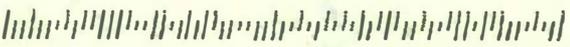
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

DEC 1 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION



PU-25-279

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1. Article Address

Travis Jacobson
 Vice President of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 9589 0710 5270 1777 9871 64
 Case No. PU-25-279



9590 9402 8005 2305 4426 90

2. Article Number (Transfer from service label)

9589 0710 5270 1777 9871 64

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name)
 Brad Meyer

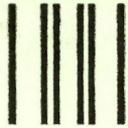
C. Date of Delivery
 11-24-20

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

Domestic Return Receipt

USPS TRACKING #



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

United States Postal Service

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 Bismarck, ND 58505-0480

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