

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. Article Addressed to:

Travis Jacobson
 Vice President of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 9589 0710 5270 2708 2382 63
 Case No. PU-25-279



9590 9402 9542 5121 0534 70

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2382 63

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] Agent
 Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

1-30-26

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

17 PU-25-279 Filed 02/02/2026 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

Domestic Return Receipt

USPS TRACKING #
BISMARCK ND 585



9590 9402 9542 5121 0534 70

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

United States
Postal Service

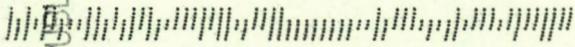
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

FEB 2 2026

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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



PU-25-279

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1. Article Addressed to:

Allison Waldon
 Senior Attorney
 MDU Resources Group, Inc.
 PO Box 5650
 Bismarck, ND 58506-5650
 Cert. No. 9589 0710 5270 2708 2382 70
 Case No. PU-25-279



9590 9402 9542 5121 0534 63

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2382 70

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *BA* Agent
 Addressee

B. Received by (Printed Name)

Bret Johnson

C. Date of Delivery

1-30-2016

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



9590 9402 9542 5121 0534 63

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

FEB 2 2016

NORTH DAKOTA PUBLIC SERVICE COMMISSION

