

SENDER: COMPLETE THIS SECTION		THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>J. Kuntz</i> Date of Delivery <i>9-23-14</i></p>	
<p>1. Article Addressed to:</p> <p>DANIEL S. KUNTZ ASSOCIATE GENERAL COUNSEL MONTANA-DAKOTA UTILITIES CO PO BOX 5650 BISMARCK ND 58506-5650</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7013 2250 0001 0313 8839</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	