

PU-13-803

COMPLETE THIS SECTION ON DELIVERY

Signature

[Handwritten signature]

- Agent
- Addressee

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.

B. Received by (*Printed Name*)

[Handwritten initials]

C. Date of Delivery

Address different from item 1? Yes
delivery address below: No

TAMIE ABERLE
MONTANA-DAKOTA UTILITIES CO.
400 NORTH FOURTH STREET
BISMARCK, ND 58501

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number
(*Transfer from service label*)

7013 0600 0001 7154 5383

UNITED STATES POSTAL SERVICE

BISMARCK ND 58505

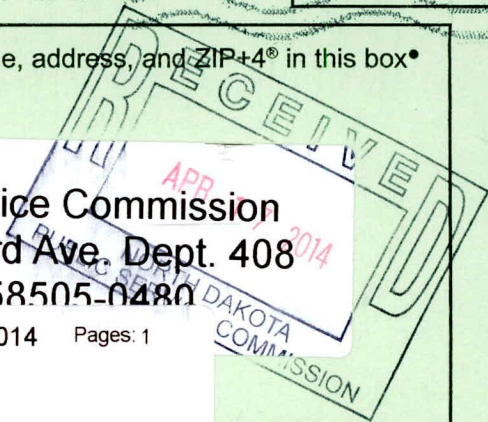
16 APR 2014 PM 11



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

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

ND Public Service Commission
600 E Boulevard Ave. Dept. 408
Bismarck ND 58505-0480



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Return receipt - Order

USPS

