

PU-13-840

Return receipt - Notice of Filings and Notice of Hearing

THIS SECTION ON DELIVERY

- 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, on the front if space permits.

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Signature]

Date of Delivery

2-20-14

address different from item 1? Yes

other delivery address below: No

HENRY FORD
 MONTANA-DAKOTA UTILITIES CO.
 400 NORTH FOURTH STREET
 BISMARCK, ND 58501

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7013 2630 0001 2317 0576