PU 14-109

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

Tamie Aberle
Montana-Dakota Utilities Co.
400 North Fourth Street
Bismarck ND 58501

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☑ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 11-25-14

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

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Return receipt – 7014-0150-0000-4831-4592
USPS

3. Service Type
☑ 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) 7014 0150 0000 4831 4592

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

RECEIVED
NOV 26 2014
PUBLIC SERVICE COMMISSION
NORTH DAKOTA

North Dakota Public Service Commission
600 E Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

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Return receipt – 7014-0150-0000-4831-4592

USPS