

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
Director of Regulatory Affairs
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

12-4-14

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

52 PU-14-109 Filed 12/05/2014 Pages: 2
 Return receipt – 7014-0150-0000-4831-4677
 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

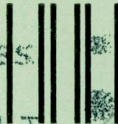
2. Article Number
 (Transfer from service label)

7014 0150 0000 4831 4677

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

04 DEC 2014 PM 1 T



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

52 PU-14-109 Filed: 12/5/2014 Pages: 2
Return receipt – 7014-0150-0000-4831-4677

USPS

