

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

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

J Haas

C. Date of Delivery

1-14-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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 Return receipt – 7014-1820-0001-3262-7750
 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 1820 0001 3262 7750

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

14 JAN 2015 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

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USPS

