

pu 14-141 / 14-136

COMPLETE THIS SECTION ON DELIVERY

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)

C. Date of Delivery

- address different from item 1? Yes
- or delivery address below: No

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

3. Service Type

- 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)

7012 2210 0001 5060 9835

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 •

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

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Filed: 6/2/2014

Pages: 2

Return receipt – 7012-2210-0001-5060-9835

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Filed: 6/2/2014

Pages: 2

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