

PU-14-244

**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

2. Article Number  
(Transfer from service label)

7013 2630 0001 2317 1030

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]*  Agent  
 Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *8-5-14*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes