

PU-14-614 8/26/14 Notice

BISMARCK ND 585

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *J. Dan* C. Date of Delivery *8-25-14*

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

1. Article Addressed to:

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

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) **7013 2250 0001 0313 8655**

PS Form 3811, July 2013 Domestic Return Receipt