

PU-14-655

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 2250 0001 0313 8730

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)  C. Date of Delivery

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

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

19 SEP 2014 PM 1T

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

- 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

9

PU-14-655

Filed: 9/22/2014

Pages: 2

Return receipt – 7013-2250-0001-0313-8730

USPS

