

PV-14-700; 10/8/14 Notice

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 1269

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

J. Aar

C. Date of Delivery

10-15-14

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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

15 OCT 2014 PM 1 L

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 Avenue Dept. 408
Bismarck, ND 58505-0480

9

PU-14-700

Filed: 10/16/2014 Pages: 2

Return receipt – 7013-2630-0001-2317-1269

USPS

