

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Tamie Aberle
 Director of Regulatory Affairs
~~Montana-Dakota Utilities Co.~~
 400 North 4th Street
 Bismarck, ND 58501
Cert. No. 7015 3010 0000 6559 5205



9590 9402 1366 5285 5131 20

2 Article Number (Transfer from service label)

Cert. No. 7015 3010 0000 6559 5205

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

(Handwritten signature)

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-11-16

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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 Return receipt – 7015-3010-0000-6559-5205
 USPS

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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Pages: 2

Return receipt - 7015-3010-0000-6559-5205

USPS

and ZIP+4® in this box®

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



NORTH DAKOTA
PUBLIC SERVICE COMMISSION

