

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
 DIRECTOR OF REGULATORY AFFAIRS
 MONTANA-DAKOTA UTILITIES CO.
 400 NORTH FOURTH STREET
 BISMARCK ND 58501

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

T. Haas

Agent

Addressee

B. Received by (Printed Name)

T Haas

C. Date of Delivery

10-21-14

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

3. Service Type

Certified Mail®

Priority Mail Express™

7 PU-14-734 Filed 10/28/2014 Pages: 2
 Return receipt – 7013-2250-0001-0313-9102
 USPS

2. Article Number
(Transfer from service label)

7013 2250 0001 0313 9102

UNITED STATES POSTAL SERVICE



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

7 **PU-14-734** Filed: 10/28/2014 Pages: 2
Return receipt – 7013-2250-0001-0313-9102

USPS

