

pu 14-809

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-18-15

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

13 PU-14-809 Filed 02/20/2015 Pages: 2
 Return receipt – 7014-1820-0001-3262-8405
 USPS

3. Service Type

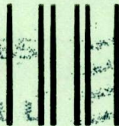
- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 1820 0001 3262 8405

UNITED STATES POSTAL SERVICE

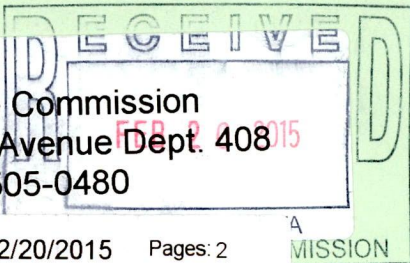


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

19 FEB 2015 PM 11

- 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



13 PU-14-809 Filed: 2/20/2015 Pages: 2
Return receipt – 7014-1820-0001-3262-8405

USPS

