

pu-14-830

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/22/16

Tamie Aberle  
 Montana-Dakota Utilities Co.  
 400 North Fourth Street  
 Bismarck ND 58501

18 PU-14-830 Filed 08/24/2016 Pages: 2  
 Return receipt – 7016-0600-0000-4633-7706  
 USPS

**Cert. No. 7016 0600 0000 4633 7706**  
**PU-14-830**



9590 9402 1906 6104 9453 08

2. Article Number (Transfer from service label)

**Cert. No. 7016 0600 0000 4633 7706**

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

pu-14-830

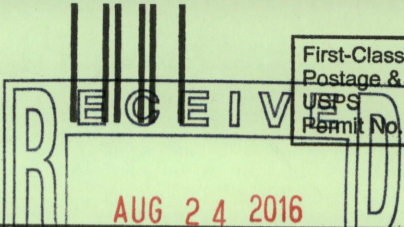
USPS TRACKING #



9590 9402 1906 6104 9453 08

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•

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION  
ND Public Service Commission  
600 E. Boulevard Ave. Dept. 408  
Bismarck, ND 58505-0480

18 PU-14-830 Filed: 8/24/2016 Pages: 2  
Return receipt - 7016-0600-0000-4633-7706

USPS

