

PU 14-831

**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

2-19-15

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

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 Return receipt - 7014-1820-0001-3262-8399  
 USPS

3. Service Type

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

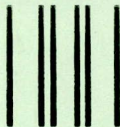
4. Restricted Delivery? (*Extra Fee*)  Yes

2. Article Number

(Transfer from service label)

7014 1820 0001 3262 8399

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

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Return receipt – 7014-1820-0001-3262-8399

USPS

