

PU 14-843, 14-844

**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:

**TAMI ABERLE**  
**MONTANA-DAKOTA UTILITIES CO.**  
**400 NORTH FOURTH STREET**  
**BISMARCK, ND 58501**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

D. Is delivery address different from item 1?  Yes

13 PU-14-843 Filed 03/31/2015 Pages: 2  
 Return receipt – 7014-1820-0001-3262-8559  
 USPS

15 PU-14-844 Filed 03/31/2015 Pages: 2  
 Return receipt – 7014-1820-0001-3262-8559  
 USPS

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 8559

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

30 MAR 2015 PM 1 T



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

