

PU-15-90

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:

Ms Tamie A Aberle
 Director of Regulatory Affairs
 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 Initials]

C. Date of Delivery

6-1-15

D. Is delivery address different from item 1? Yes

39 PU-15-90 Filed 06/03/2015 Pages: 2
 Return receipt – 7014-0150-0000-4831-4790
 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 0150 0000 4831 4790

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

01 JUN 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

39

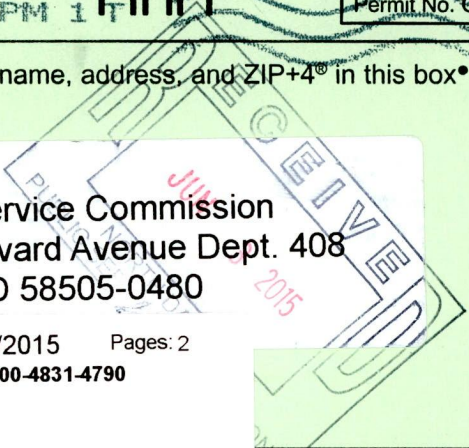
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JUN 3 2015

