

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.

Article Addressed to:

Tamie Aberle
Montana-Dakota Utilities Co
400 North 4th Street
Bismarck, ND 58501
Cert. No.7014 1820 0001 3262 8306
PU-15-136

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Return receipt – 7015-1820-0001-3262-8306
USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

KL

Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

8-1-15

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number

(Transfer from

Cert. No.7014 1820 0001 3262 8306

Form 3811

July 2010

Domestic Return Receipt

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UNITED STATES POSTAL SERVICE

BISMARCK ND 585

01 AUG 2015 PM 1 L

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
600 E. Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

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PU-15-136

Filed: 8/3/2015

Pages: 2

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USPS

RECEIVED

AUG - 3 2015

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

