

PU-15-143

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 A. Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North Fourth Street
 Bismarck ND 58501
 Cert. No. 7014 1820 0001 3262 8115

0612312015

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Aberle*

Agent

Addressee

B. Received by (Printed Name)

J. Aberle

C. Date of Delivery

D. Is delivery address different from item 1? Yes

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 Return receipt – 7014-1820-0001-3262-8115
 USPS

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

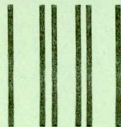
Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Cert. No. 7014 1820 0001 3262 8115

Domestic Return Receipt

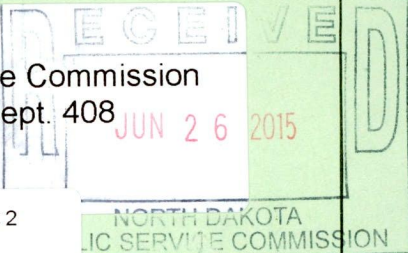
UNITED STATES POSTAL SERVICE



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



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Return receipt – 7014-1820-0001-3262-8115

USPS