

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 Fourth Street
Bismarck ND 58501
Cert. No. 7014 1820 0001 3262 8269
PU-15-229

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

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

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Return receipt – 7014-1820-0001-3262-8269
USPS

3. Service Type

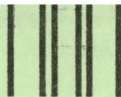
Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Article Number
(Transfer from service label)

Cert. No. 7014 1820 0001 3262 8269

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

JUL 15 2015

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