

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

Tamie Aberle
Montana-Dakota Utilities Co 14
400 North 4th Street
Bismarck, ND 58501
Cert. No. 7015 0920 0001 679
PU-15-229

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Address

B. Received by (Printed Name)

J. Saar

C. Date of Delivery

8-14-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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Return receipt – 7015-0920-0001-6791-8473
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)

Cert. No. 7015 0920 0001 6791 8473

pu 15-22

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

14 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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USPS

AUG 19 2015

NORTH DAKOTA
PUBLIC SERVICE COMMISSION