

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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 Aberle  
 Director of Regulatory Affairs  
 Montana-Dakota Utilities Co.  
 400 North 4th Street  
 Bismarck, ND 58501  
**Cert. No. 7015 0640 0006 6433 4537**



9590 9401 0020 5205 8898 97

2. Article Number (Transfer from service label)

**7015 0640 0006 6433 4537**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-23-15

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

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 Return receipt – 7015-0640-0006-6433-4537  
 USPS

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

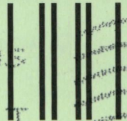
Signature Confirmation Restricted Delivery

pu-15-689

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

23 NOV 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 •

North Dakota Public Service Commission  
600 E. Boulevard Avenue Dept. 408  
Bismarck, ND 58505-0480

RECEIVED  
NOV 24 2015

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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Return receipt - 7015-0640-0006-6433-4537

USPS

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