

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 Number

Tamie A. Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 7015 0640 0006 6433 4



9590 9401 0020 5205 8898 28

2. Article Number (Transfer from service label)

7015 0640 0006 6433 4582

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 – 7015-0640-0006-6433-4582
 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)

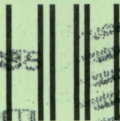
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PU-15-703

UNITED STATES POSTAL SERVICE

BISMARCK ND 58505

23 NOV 2015 11:11 TL



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

ND Public Service Commission
600 E. Boulevard Ave., Dept. 408
Bismarck, ND 58505-0480

RECEIVED

8

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Return receipt - 7015-0640-0006-6433-4582

NOV 25 2015

USPS

NORTH DAKOTA
SERVICE COMMISSION

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