

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 A. Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
Bismarck, ND 58501
Cert. No. 7015 1640 0006 6433 1925



9590 9401 0022 5071 5957 15

2. Article Number (Transfer from service label)

7015 1640 0006 6433 1925

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-23-15

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

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 Return receipt – 7015-0640-0006-6433-1925
 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

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

Happy
Holidays

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

23 DEC 2015 PM 1 L

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

PUBLIC SERVICE COMMISSION
600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

RECEIVED
DEC 28 2015

19

PU-15-704

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Return receipt - 7015-0640-0006-6433-1925

USPS

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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