

**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 1949



9590 9401 0022 5071 5957 08

2. Article Number (Transfer from service label)

**7015 0640 0006 6433 1949**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

*(Handwritten signature)*

- Agent
- Addressee

B. Received by (*Printed Name*)

*(Handwritten initials)*

C. Date of Delivery

*12-23-15*

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

8 PU-15-747 Filed 12/28/2015 Pages: 2  
 Return receipt – 7015-0640-0006-6433-1949  
 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-15-747*

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

23 DEC 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 •

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

RECEIVED  
DEC 28 2015  
NORTH DAKOTA  
SERVICE COMMISSION

8 PU-15-747 Filed: 12/28/2015 Pages: 2  
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USPS

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