

PU-16-684

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

T. Boas

C. Date of Delivery

4-4-18

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

Tamie Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
Cert. No. 7017 2400 0001 0889 8515



9590 9402 3634

8 PU-16-684 Filed 04/06/2018 Pages: 2
 Return receipt - 7017-2400-0001-0889-8515
 USPS

2. Article Number (Transfer from service label)

7017 2400 0001 0889 8515

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PU-16-684

USPS TRACKING #



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

8 PU-16-684 Filed: 4/6/2018 Pages: 2
Return receipt - 7017-2400-0001-0889-8515

USPS

and ZIP+4® in this box*

RECEIVED
APR - 6 2018
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

