

pu-17-75

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.

Tamie Aberle
 Director Regulatory Affairs
 Montana-Dakota Utilities Company
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 7018 0680 0001 3738 0295

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Tamie Aberle* Agent Addressee
- B. Received by (Printed Name)
Tamie Aberle
- C. Date of Delivery
11-12-18
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 3790 80

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 Return receipt – 7018-0680-0001-3738-0295
 USPS

2. 7018 0680 0001 3738 0295

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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Return receipt - 7018-0680-0001-3738-0295

USPS

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



9590

United States
Postal Service

NORTH DAKOTA
POSTAL SERVICE

NOV 14

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

NOV 14 2018

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

