

pu-17-182

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.

Tamie Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
Cert. No. 7015 0640 0006 6993 9058

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*)
 Scott A. Mosbacher

C. Date of Delivery
 6/23/17

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



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 Return receipt - 7015-0640-0006-6993-9058
 USPS

2. Article Number (*Transfer from service label*)
Cert. No. 7015 0640 0006 6993 9058

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

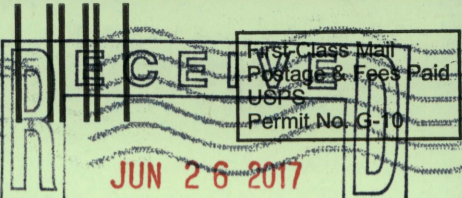
USPS TRACKING#



BISMARCK ND 58505

03 JUN 2017 PM 1

9590 9402 2326 6225 4245 36



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

JUN 26 2017

United States
Postal Service

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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USPS

