

Pu-17-194

**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.

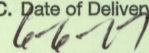
Tamie Aberle  
 Director of Regulatory Affairs  
 Montana-Dakota Utilities Co.  
 400 North 4th Street  
 Bismarck, ND 58501  
**Cert. No. 7016 1970 0001 1484 4290**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**   Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  


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



9590 9402 2318 622

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 Return receipt - 7016-1970-0001-1484-4290  
 USPS

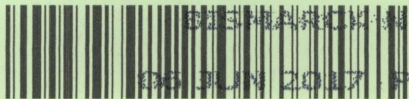
2. Article Number (Transfer from service label)

**Cert. No. 7016 1970 0001 1484 4290**

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

Pu-17-194

USPS TRACKING #



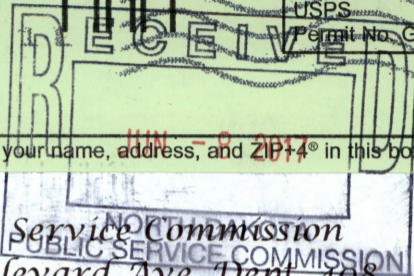
BISMARCK ND 585

06 JUN 2017 PM

9590 9402 2318 6225 3867 12

United States  
Postal Service

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



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

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

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**Return receipt - 7016-1970-0001-1484-4290**

USPS