

Pu-17-232 / Pu-17-233


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 9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X 

B. Received by (*Printed Name*) C. Date of Delivery

 6/20/17

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

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 Return receipt - 7015-0640-0006-6993-9003

7 PU-17-233 Filed 06/21/2017 Pages: 2
 Return receipt - 7015-0640-0006-6993-9003



9590 9402 2326 6225 4245 67

2. Article Number (*Transfer from service label*)

Cert. No. 7015 0640 0006 6993 9003

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

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Return receipt - 7015-0640-0006-6993-9003

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

7 PU-17-233 Filed: 6/21/2017 Pages: 2
Return receipt - 7015-0640-0006-6993-9003

United States
Postal Service

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

RECEIVED
JUN 21 2017
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

