

PU-17-268 and PU-17-269

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 9485

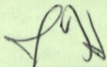



9590 9402 2318 6225 3967 11

2. Article Number (Transfer from service label)

Cert. No. 7015 0640 0006 6993 9485

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)


C. Date of Delivery
8/18/17

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

6 PU-17-269 Filed 08/21/2017 Pages: 2
 Return receipt - 7015-0640-0006-6993-9485

7 PU-17-268 Filed 08/21/2017 Pages: 2
 Return receipt - 7015-0640-0006-6993-9485

Insured Mail
 Insured Mail Restricted Delivery (over \$500)
 Restricted Delivery

PU-17-268/PU-17-269

USPS TRACKING #

7 **PU-17-268** Filed: 8/21/2017 Pages: 2
Return receipt - 7015-0640-0006-6993-9485

6 **PU-17-269** Filed: 8/21/2017 Pages: 2
Return receipt - 7015-0640-0006-6993-9485

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

United States
Postal Service

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

RECEIVED
AUG 21 2017
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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