

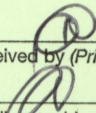
Pu-17-295

**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 of Regulatory Affairs  
 Montana-Dakota Utilities Co.  
 400 North 4th Street  
 Bismarck, ND 58501  
 Cert. No. 7018 0680 0001 3738 0400

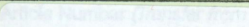
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X 
- Agent  
 Addressee
- B. Received by (*Printed Name*)
- C. Date of Delivery  
 10-2-18
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



9590 9402 3790 8

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 Return receipt – 7018-0680-0001-3738-0400  
 USPS

2.   
 7018 0680 0001 3738 0400

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

Pu-17-295

USPS TRACKING #



229

PU-17-295

Filed: 10/3/2018

Pages: 2

Return receipt - 7018-0680-0001-3738-0400

Mail

Fees Paid

Permit No.

G-10

USPS

United States  
Postal Service

NORTH DAKOTA  
PUBLIC SERVICE COMM

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

RECEIVED

OCT 3 2018  
100

9590 9402