

pu-18-19

**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. 7017 1070 0000 1507 7061**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*J. Hauer*

C. Date of Delivery

*3-16-18*

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No



9590 9402 3012 712

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 Return receipt - 7017-1070-0000-1507-7061  
 USPS

2. Article Number (Transfer from service label)

**7017 1070 0000 1507 7061**

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

pu-18-19

USPS TRACKING #

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

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PU-18-19

Filed: 3/20/2018

Pages: 2

Return receipt - 7017-1070-0000-1507-7061

USPS

and ZIP+4® in this box\*

RECEIVED  
MAR 20 2018

*ND Public Service Commission*

*600 E. Boulevard Avenue Dept. 408*

*Bismarck, ND 58505-0480*

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION