

pu-18-75

**SENDER: COMPLETE THIS SECTION**

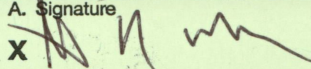
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Tamie Aberle  
 Director of Regulatory Affairs  
 Montana-Dakota Utilities Co.  
 400 North 4th Street  
 Bismarck, ND 58501  
**Cert. No. 7017 2400 0001 0889 8652**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

SRM

C. Date of Delivery

4-18-18

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No



9590 9402 3634 7305 86

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 Return receipt 7017-2400-0001-0889-8652  
 USPS

2. Article Number (Transfer from service label)

**7017 2400 0001 0889 8652**

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Signature Confirmation™

Signature Confirmation Restricted Delivery

pu-18-75

USPS TRACKING #

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

8

PU-18-75

Filed: 4/18/2018

Pages: 2

Return receipt 7017-2400-0001-0889-8652

USPS

and ZIP+4® in this box\*

RECEIVED  
APR 18 2018

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

