

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.

1.

Tamie Aberle
 Director of Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 North 4th Street
 Bismarck, ND 58501
Cert. No. 7017 2400 0001 0889 8959



9590 9402 3634 7305

2. Article Number (Transfer from service label)

7017 2400 0001 0889 8959

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Sid A. Nelson

C. Date of Delivery

7-3-18

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

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 Return receipt - 7017-2400-0001-0889-8959
 USPS

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

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Filed: 7/5/2018

Pages: 2

Return receipt – 7017-2400-0001-0889-8959

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

USPS

United States
Postal Service

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

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

NORTH DAKOTA
SERVICES
COMMUNICATIONS

JUL 5 2018

RECEIVED