

pu-18-139

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Cartlin Strube*  Agent  Addressee

B. Received by (Printed Name)

*Cartlin Strube*

C. Date of Delivery

*6/19/18*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

Tamie Aberle  
 Director of Regulatory Affairs  
 Montana-Dakota Utilities Co.  
 400 North 4th Street  
 Bismarck, ND 58501  
**Cert. No. 7017 2400 0001 0889 8867**



9590 9402 3634 7305 8

9 PU-18-139 Filed 06/21/2018 Pages: 2  
 Return receipt – 7017-2400-0001-0889-8867  
 USPS

2. Article Number (Transfer from service label)

**7017 2400 0001 0889 8867**

- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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USPS TRACKING #

9

PU-18-139

Filed: 6/21/2018

Pages: 2

Return receipt – 7017-2400-0001-0889-8867

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

USPS

U.S. MAIL  
Please print your name, address, and ZIP+4® in this box\*

Postal Service

RECEIVED  
JUN 21 2018  
NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

