

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.

1. A

Tamie Aberle  
 Director of Regulatory Affairs  
 Montana-Dakota Utilities Co.  
 400 North 4th Street  
 Bismarck, ND 58501  
**Cert. No. 7018 0680 0001 3737 6618**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

J. Aberle

C. Date of Delivery

8-3-18

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No



9590 9402 3790 800

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 Return receipt 7018-0680-0001-3737-6618  
 USPS

2. Article Number (Transfer from service label)

**7018 0680 0001 3737 6618**

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

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Filed: 8/6/2018

Pages: 2

Return receipt 7018-0680-0001-3737-6618

USPS

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

United States  
Postal Service

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

RECEIVED  
AUG - 6 2018

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

