

pu-18-224

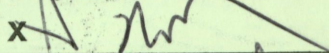
SENDER: COMPLETE THIS SECTION

- 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
 Montana-Dakota Utilities Co.
 400 N. 4th Street
 Bismarck, ND 58501
Cert. No. 7017 2400 0001 0889 9116

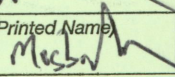
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

Sob R. Muesel 

C. Date of Delivery

7-13-18

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



9590 9402 3790 8032 8

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 Return receipt – 7017-2400-0001-0889-9116
 USPS

2. Article Number (Transfer from service label)

7017 2400 0001 0889 9116

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

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USPS TRACKING #

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Filed: 7/16/2018

Pages: 2

Return receipt - 7017-2400-0001-0889-9116

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

USPS

print your name, address, and ZIP+4® in this box*

Postal Service

RECEIVED

JUL 16 2018

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

