


pu-18-380

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  Agent
 Addressee

B. Received by (Printed Name)
 Sarah Moshk

C. Date of Delivery
 11-23-18

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 Company
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 7018 2290 0000 6607 7544

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 Return receipt – 7018-2290-0000-6607-7544
 USPS



9590 9402 4492 6607 7544

2. 
7018 2290 0000 6607 7544

- 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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Return receipt - 7018-2290-0000-6607-7544

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

USPS

9570 940

United States
Postal Service

this box*

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

NOV 26 2018

RECEIVED

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

