

SENDER: COMPLETE THIS SECTION

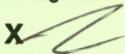
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1.

Tamie Aberle
 Director Regulatory Affairs
 Montana-Dakota Utilities Co.
 400 N 4th Street
 Bismarck, ND 58501
 Cert. No. 7019 0700 0000 6174 3496
 Case No. PU-18-433

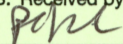
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)



C. Date of Delivery

1-24-20

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

3. Service Type

Priority Mail Express®



9590 9402 5222 912

19 PU-18-433 Filed 01/27/2020 Pages: 2
 Return receipt – 7019-0700-0000-6174-3496
 USPS

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

7019 0700 0000 6174 3496

USPS TRACKING# ARCK ND 585

First-Class Mail
is Paid
0



19 PU-18-433 Filed: 1/27/2020 Pages: 2
Return receipt - 7019-0700-0000-6174-3496

959019402 522

USPS

United States
Postal Service

JAN 27 2020

RECEIVED

NORTH DAKOTA
PUBLIC SERVICE CO

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

