

PU-18-435

**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 of Regulatory Affairs*  
*Montana-Dakota Utilities Company*  
*400 North 4th Street*  
*Bismarck, ND 58501*  
*Cert. No. 7018 2290 0000 9934 4415*



9590 9402 3790 8032 8

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (*Printed Name*)  
*Stoh & Misbank*

C. Date of Delivery  
*7-28-19*

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

3. Service Type  Priority Mail Express®

16 PU-18-435 Filed 08/01/2019 Pages: 2  
 Return receipt - 7018-2290-0000-9934-4415  
 USPS

2. Article Number (*Transfer from service label*)

**7018 2290 0000 9934 4415**

Insured Mail  
 Insured Mail Restricted Delivery  
 (over \$500)

Signature Confirmation  
 Restricted Delivery

PU-18-435

USPS TRACKING #



9590 9402 37

16

PU-18-435

Filed: 8/1/2019

Pages: 2

Return receipt - 7018-2290-0000-9934-4415

Mail  
Fees Paid

USPS  
Permit No. G-10

USPS

United States  
Postal Service

AUG 1 2019

Sender: Please print your name, address, and ZIP code in the box.

NORTH DAKOTA  
LIC SERVICE COM

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

