

PU-19-332

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
 Director of Regulatory Affairs
 Montana-Dakota Utilities Company
 400 North 4th Street
 Bismarck, ND 58501
 Cert. No. 7018 2290 0000 6607 8320



9590 9402 5199 9122

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-25-19

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

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 Return receipt - 7018-2290-0000-6607-8220
 USPS

2. Article Number (Transfer from service label)

7018 2290 0000 6607 8220

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

USPS TRACKING #

First Class Mail
Paid
Post No. 0-10



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PU-19-332

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Return receipt - 7018-2290-0000-6607-8220

9590 9402 5199

USPS

United States
Postal Service

OCT 28 2019

RECEIVED

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

