

PU-19-355

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-Utilities Co.
 400 N 4th Street
 Bismarck, ND 58501
 Cert. No. 7018 0680 0001 3737 7318
 Case No PU-19-355



9590 9402 3790 8032

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent
 Addressee

B. Received by (Printed Name)

Scott R. [Handwritten]

C. Date of Delivery

12-23-19

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

3. Service Type

Priority Mail Express®

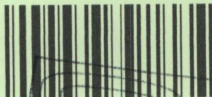
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 Return receipt - 7018-0680-0001-3737-7318
 USPS

2. Article Number (Transfer from service label)

7018 0680 0001 3737 7318

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

USPS TRACKING #



9590 9402 3790

United States
Postal Service

DEC 26 2019

NORTH DAKOTA
PUBLIC SERVICE COM

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USPS

First Class Mail

Paid

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