

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-Utilities Co.
 400 N 4th Street
 Bismarck, ND 58501
 Cert. No. 7019 0700 0000 6174 3458
 Case No. PU-19-355



9590 9402 5222 9

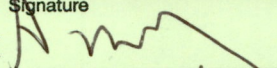
2. A

7019 0700 0000 6174 3458

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

Scott R. Musbrugh

C. Date of Delivery

2-21-20

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

25 PU-19-355 Filed 02/24/2020 Pages: 2
 Return receipt - 7019-700-0000-6174-3458
 USPS

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

USPS TRACKING #



9590 9402 52

United States
Postal Service

RECEIVED
FEB 24 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

25

PU-19-355

Filed: 2/24/2020

Pages: 2

Return receipt - 7019-700-0000-6174-3458

USPS

First-Class Mail

Postage Paid

10

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

