

**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 3526  
 Case No. PU-19-364

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

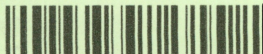
Addressee

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



9590 9402 5222 912

15 PU-19-364 Filed 01/27/2020 Pages: 2  
 Return receipt - 7019-0700-0000-6174-3526  
 USPS

2.

7019 0700 0000 6174 3526

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery  
 (over \$500)

Signature Confirmation™

Signature Confirmation  
 Restricted Delivery

USPS TRACKING#

BISMARCK ND 585

First-Class Mail

& Fees Paid

10

15

PU-19-364

Filed: 1/27/2020

Pages: 2

Return receipt - 7019-0700-0000-6174-3526

USPS

box\*

7590 9402

United States  
Postal Service

RECEIVED

JAN 27 2020

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

