

Return receipt - Formal Complaint
USPS

pu-14-117

COMPLETE THIS SECTION ON DELIVERY

Signature

Kristie Kitman

- Agent
- Addressee

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.

B. Received by (Printed Name)

Kristie Kitman

C. Date of Delivery

3-31-14

- Address different from item 1? Yes
- Delivery address below: No

INCORP SERVICES, INC., REGISTERED AGENT
 FOR BROADVOX-CLEC, LLC
 919 S 7TH ST. STE 503
 BISMARCK ND 58504

3. Service type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

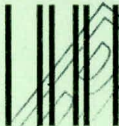
- Yes

2. Article Number

(Transfer from service label)

7013 2630 0001 2317 0774

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

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

4

PU-14-117

Filed: 4/1/2014

Pages: 1

Return receipt - Formal Complaint

USPS