

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

Keith Larson, Manager
Dakota Central Telecommunications Coop
630 5th St N
PO Box 299
Carrington ND 58421

**2. Article Number
(Transfer from service label)**

7014 0150 0000 4831 4868

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Julie Thompson

C. Date of Delivery

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

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Return receipt – 7014-0150-0000-4831-4868
USPS

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE PERMIT NO. 551

08 JUN 2015 PM 1:1

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 Avenue Dept. 408
Bismarck ND 58505-0480

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USPS