

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.

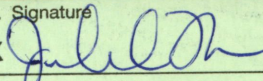
Article Addressed to:

Keith Larson, Manager
 Dakota Central Telecommunications Coop
 630 5th St N
 PO Box 299
 Carrington ND 58421
Cert. No. 7015 0920 0001 6791 8572 PU-15-222

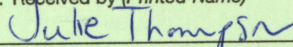
COMPLETE THIS SECTION ON DELIVERY

A. Signature

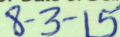
X


 Agent
 Address

B. Received by (Printed Name)



C. Date of Delivery



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

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 Return receipt – 7015-0920-0001-6791-8572
 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

Article Number

(Transfer from service label)

Cert. No. 7015 0920 0001 6791 8572 PU-15-222

UNITED STATES POSTAL SERVICE

FARGO ND 581

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

13

PU-15-222

Filed: 8/5/2015

Pages: 2

Return receipt – 7015-0920-0001-6791-8572

USPS

ZIP+4® in this box®

North Dakota Public Service Commission
600 E Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

RECEIVED
AUG - 5 2015

NORTH DAKOTA