

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.

Andrew Schriner
 State Legislative Affairs Director
 CenturyLink
 200 South 5th Street, Room 2100
 Minneapolis, MN 55402
 Cert. No. 7019 0700 0000 6174 3854
 Case No. PU-20-87



9590 9402 5222 9122 337

2. Article Number (Transfer from service label)

7019 0700 0000 6174 3854

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

CAVIN

Agent

Addressee

B. Received by (Printed Name)

DL

C. Date of Delivery

3/23

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

3. Service Type

Adult Signature

Priority Mail Express®

Registered Mail™

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Return receipt - 7019-0700-0000-6174-3854

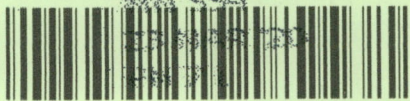
USPS

Insured Mail

Insured Mail Restricted Delivery
 (over \$500)

Signature Confirmation
 Restricted Delivery

USPS TRACKING#



9590 9402 5222 9122 3377 90

RECEIVED
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
MAR 26 2020

United States
Postal Service

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
Attn: Public Utilities Division
600 F Boulevard Ave Dent. 408

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Return receipt - 7019-0700-0000-6174-3854

USPS

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