

**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. Article Addressed to:

CT Corporation System  
 Registered Agent for Qwest Corp.  
 120 West Sweet Avenue  
 Bismarck, ND 58504

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X R Miller

- Agent
- Addressee

B. Received by (Printed Name)

MS C, Jr

C. Date of Delivery

11-16-20

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

Could  
 19



9590 9402 6026 0069 4

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Return receipt

United States Postal Service

2. Article Number (Transfer from service label)

7019 2280 0000 0693 1211

- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



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

9590 9402 6026 0069 4088 76

United States  
Postal Service

RECEIVED  
NOV 18 2020  
R

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

PUBLIC SERVICE COMMISSION  
600 E BOULEVARD AVE DEPT 408  
BISMARCK ND 58505-0480

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**PU-20-442**  
Return receipt

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United States Postal Service