

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.

Mark Forseth
 Executive Officer/General Manager
 Halstad Telephone Company
 34 2nd Ave W
 Halstad, MN 56548
 Cert. No. 7020 1290 0001 6150 3441
 Case No. PU-21-55

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Trey Holt

C. Date of Delivery

2-24-21

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No



9590 9402 6024 0069 392

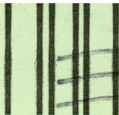
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Return receipt
United States Postal Service

7020 1290 0001 6150 3441

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

USPS TRACKING #



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

9590 9402 6024 0069 3923 99

United States
Postal Service

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

ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408

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Return receipt

United States Postal Service

RECEIVED
FEB 26 2021

ND PUBLIC SERVICE COMMISSION