

PU-21-55

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X *[Signature]*

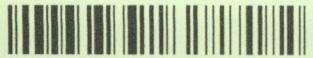
B. Received by (Printed Name) C. Date of Delivery

Tracy Holte *4-19-21*

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

Mark Forseth
 Chief Executive Officer/General Manager
 Halstad Telephone Company
 345 2nd Ave W
 Halstad, MN 56548
 Cert. No. 7020 1290 0001 6150 3830
 Case No. PU-21-55

3. Service Type Priority Mail Express®



9590 9402 6611 1028 13

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 Return receipt
 United States Postal Service

2. Article Number

7020 1290 0001 6150 3830

Collect on Delivery Restricted Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #

FARGO ND 581



9590 9402 661

First-Class Mail
Postage Paid
10

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Return receipt

United States Postal Service

United States
Postal Service

RECEIVED
APR 21 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

