

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.

Brooks Goodall
 COO/Assistant General Manager
 Reservation Telephone Cooperative
 PO Box 68
 Parshall, ND 58770
 Cert. No. 7020 1290 0001 6150 3472
 Case No. PU-21-78



9590 9402 6024 0069 392

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Brock Lynne

C. Date of Delivery

2-22-21

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

3. Service Type

Priority Mail Express®

2 PU-21-58 Filed 02/26/2021 Pages: 2

Return receipt

United States Postal Service

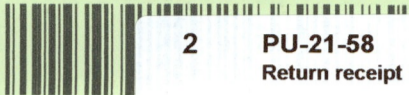
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

2. F

7020 1290 0001 6150 3472

USPS TRACKING #

First-Class Mail
& Fees Paid
No. G-10



2

PU-21-58
Return receipt

Filed: 2/26/2021

Pages: 2

United States Postal Service

9590 9402
United States
Postal Service

s box®

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

FEB 26 2021

