

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.

Shane D. Heart
 CEO/General Manager
 Reservation Telephone Cooperative
 PO Box 68
 Parshall, ND 58770
 Cert. No. 7020 1290 0001 6150 3465
 Case No. PU-21-78



9590 9402 6024 0069 392

7020 1290 0001 6150 3465

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Brock Lyne

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®

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Return receipt

United States Postal Service

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

Restricted Delivery

USPS TRACKING #



9590 940

6

PU-21-78
Return receipt

Filed: 2/24/2021

Pages: 2

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

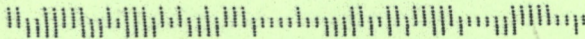
United States Postal Service

United States
Postal Service

this box*

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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



RECEIVED
FEB 24 2021