

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Boek Lynne

C. Date of Delivery

2-22-21

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



9590 9402 6024 006

7 PU-21-78 Filed 02/26/2021 Pages: 2

Return receipt

United States Postal Service

2. F

7020 1290 0001 6150 3472

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

USPS TRACKING #

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



7 PU-21-78 Filed 02/26/2021 Pages: 2
Return receipt
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 COMMISS

FEB 26 2021

