

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. Article Addressed to:

Brooks Goodall
 COO/Assistant General Manager
 Reservation Telephone Cooperative
 PO Box 68
 Parshall, ND 58770
 Cert. No. 7020 1290 0001 6150 3854
 Case No. PU-21-78

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Monica Banger*

- Agent
- Addressee

B. Received by (Printed Name)

Monica Banger

C. Date of Delivery

4/19/21

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

3. Service Type

- Priority Mail Express®
- Registered Mail™

Adult Signature



9590 9402 6611 1028 1364

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Return receipt
United States Postal Service

2.

7020 1290 0001 6150 3854

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

USPS TRACKING #

BISMARCK ND 585

First-Class Mail

Postage Paid



12

PU-21-78

Filed: 4/21/2021

Pages: 2

Return receipt

9590 9402 6611

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

