

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. **Address**

Tom Steinolfson
 Chief Executive Officer
 Red River Communications
 510 Broadway
 Abercrombie, ND 58001
 Cert. No. 7020 1290 0001 6150 3878
 Case No. PU-21-88

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sherrn Bernard*

- Agent
- Addressee

B. Received by (*Printed Name*)

Sherrn Bernard

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

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



9590 9402 6611 1028 1364

7020 1290 0001 6150 3878

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Return receipt

United States Postal Service

USPS TRACKING #

FARGO ND 581

First Class Mail
Postage Paid
3-10



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Return receipt

9590 9402 66

United States Postal Service

United States
Postal Service

RECEIVED

APR 21 2021

NORTH DAKOTA
PUBLIC SERVICE COMM

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

