

PU-24-88

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. Nathan Johnson, Co-CEO
 TruConnect Communications, Inc.
 1149 South Hill Street, Suite H-400
 Los Angeles, CA 90015
 Cert. No. 9589 0710 5270 1582 7535 55
 Case No. PU-24-88



9590 9402 8147 3030 8108 41

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7538 55

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent
 Addressee

B. Received by (Printed Name) **Amy** C. Date of Delivery **4/1/24**

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

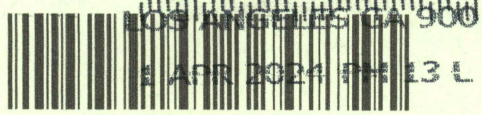
6 PU-24-88 Filed 04/09/2024 Pages: 2
 Return Receipt (2)

United States Postal Service

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 8147 3030 8108 41

United States Postal Service

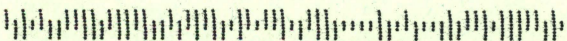
RECEIVED

APR 9 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

• Sender: Please print your name, address, and ZIP+4® in this box •

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



pu-24-88

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Danielle Perry, Chief Compliance Officer
 TruConnect Communications, Inc.
 1149 South Hill Street, Suite H-400
 Los Angeles, CA 90015
 Cert. No. 9589 0710 5270 1582 7538 62
 Case No. PU-24-88



9590 9402 8147 3030 8108 34

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7538 62

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Ashley
 C. Date of Delivery 4/1/24

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

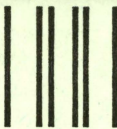
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 8147 3030 8108 34

United States Postal Service

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APR 9 2024

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