

PU-24-295

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 Hart
 CEO/General Manager
 RTC Networks
 PO Box 68
 Parshall, ND 58770-0068
 Cert. No. 9589 0710 5270 0129 6579 60
 Case No. PU-24-295



9590 9402 8849 4005 9629 62

2. Article Number (Transfer from service label)
 9589 0710 5270 0129 6579 60

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name): Diana Mercado
 C. Date of Delivery: 7/26/24

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

9 PU-24-295 Filed 07/29/2024 Pages: 2
 Return Receipt (2)

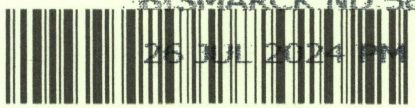
United States Postal Service

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 8849 4005 9629 62

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

United States Postal Service

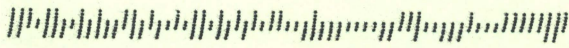
Sender: Please print your name, address, and ZIP+4® in this box®

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

RECEIVED

JUL 29 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION



PU-24-295

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1. Article Addressed to:

Shane Hart
 CEO/General Manager
 RTC Networks
 PO Box 68
 Parshall, ND 58770-0068
 Cert. No. 9589 0710 5270 0129 6579 46
 Case No. PU-24-295



9590 9402 8849 4005 9629 86

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6579 46

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Clara Mercado

C. Date of Delivery

7/24/24

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

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

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585



26 JUL 2024 PM 1 L



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

9590 9402 8849 4005 9629 86

United States Postal Service

• 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

RECEIVED

JUL 29 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

