

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. Article Addressed to:

Bryan Personne  
 Chief Executive Officer  
 Consolidated Telcom  
 PO Box 1408  
 Dickinson, ND 58601  
 Cert. No. 9589 0710 5270 0129 6579 39  
 Case No. PU-24-295



9590 9402 8849 4005 9629 93

2. Article Number (Transfer from service label)

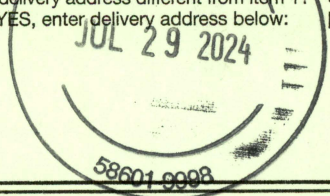
9589 0710 5270 0129 6579 39

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  Agent  
 RAGG KENZ  Addressee  
 C. Date of Delivery

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

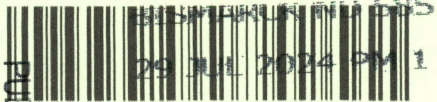


3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered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

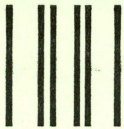
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8849 4005 9629 93



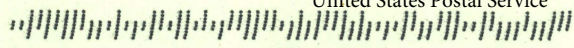
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service  
 NORTH DAKOTA PUBLIC SERVICE COMMISSION  
 JUL 31 2024

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

**RECEIVED**

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



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 Chief Executive Officer  
 Consolidated Telcom  
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 Dickinson, ND 58601  
 Cert. No. 9589 0710 5270 0129 6579 53  
 Case No. PU-24-295



9590 9402 8849 4005 9629 79

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6579 53

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ray Kuen*  
*RAY KUEN*

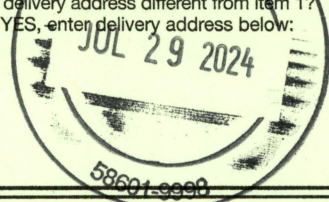
- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No



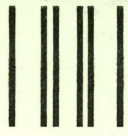
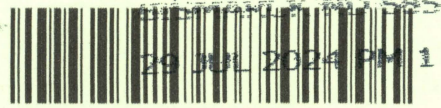
3. Service Type

- 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#**



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

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PUBLIC SERVICE COMMISSION

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