<b>FORM</b>	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Drint or Type De

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Fandrich Mark	2. Issuer Name <b>ar</b> COMMUNICA			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 17400 6TH AVE.	(First) N.	3. Date of Earliest 7 03/30/2020	Transaction	n (Mo	onth/Day/	Year)	X_Officer (give title below)Other (specify below) _					
PLYMOUTH, MN	4. If Amendment, I	Date Origin	al Fi	led(Month/I	Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tal	ble I - Non	-Deri	ivative Se	curitie	s Acqu	ired, Disposed of, or Beneficially	neficially Owned		
1.Title of Security 2. Transaction   (Instr. 3) Date   (Month/Day/Year			Execution Date, if any	1			isposed	of (D)	Beneficially Owned Following Reported Transaction(s)	Form: Beneficial	of Indirect Beneficial	
			(Month/Day/Year)	Code	v	Amount (D) Price		Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		03/30/2020		А		7,729	А	\$ 4.46	15,386 (1)	D		
Common Stock									6,068.9541 <sup>(2)</sup>	Ι	By ESOP	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II	- Deriva	tive \$	Securities	Acquired,	Disposed	of, or	Beneficially	Owned
	/		11				• . •	

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	Number and Expiration Date Ar		Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	vative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secu	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	uired			4)			Following	Direct (D)	
					(A) (	or						Reported	or Indirect	
					Disp	osed						Transaction(s)	(I)	
					of (E	))						(Instr. 4)	(Instr. 4)	
					(Inst									
					4, an	d 5)								
										Amount				
							Dete	E		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

## **Reporting Owners**

Demonstration Operation Name (	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Fandrich Mark 17400 6TH AVE. N. PLYMOUTH, MN 55447			VP/CFO				

# **Signatures**

Suzette McNally, Attorney-in-Fact for Mark Fandrich 04/02/2020 Date \*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reflects all Employee Stock Purchase Plan issuances through 3/30/2020.
- (2) Reflects all ESOP allocations and dispositions that have occurred since reporting person's last report.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.