

PU 14-34

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**STEPHANIE DASSINGER  
CHRISTOPHER FRIEZ  
CROWLEY FLECK, PLLP  
100 WEST BROADWAY, SUITE 250  
BISMARCK ND 58501**

2. Article Number  
(Transfer from service label)

7014 0150 0000 4831 4752

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*Rose Reddaway*

C. Date of Delivery

*11-14-14*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

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Return receipt – 7014-0150-0000-4831-4752  
USPS

3. Service Type

- Certified Mail®
- Priority Mail Express™
- Registered
- Return Receipt for Merchandise
- Insured Mail
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

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

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

North Dakota Public Service Commission  
600 E Boulevard Avenue Dept. 408  
Bismarck, ND 58505-0480

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Return receipt – 7014-0150-0000-4831-4752

USPS