

PU-14-218

**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:

John W. Morrison  
 Crowley Fleck  
 PO Box 2798  
 Bismarck ND 58502

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 J. H. ... 5/5

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

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 Return receipt - 7013-2630-0001-2317-0972  
 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

2. Article Number  
 (Transfer from service label)

7013 2630 0001 2317 0972

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•

ND Public Service Commission  
600 E Boulevard Ave. Dept. 408  
Bismarck ND 58505-0480

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Return receipt - 7013-2630-0001-2317-0972

USPS