

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 PLLP
 PO BOX 2798
 BISMARCK ND 58502-2798

2. Article Number

(Transfer from service label)

7012 3460 0000 6344 1577

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
 Addressee

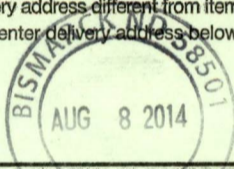
B. Received by (Printed Name)

J. P. A. G. S.

C. Date of Delivery

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



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

BISMARCK ND 585

DS AUG 2014 PM 1 T

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

15 PU-14-223 Filed: 8/11/2014 Pages: 2
Return receipt – 7012-3460-0000-6344-1577

USPS