

PU 14-223

**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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (*Printed Name*)

S. Saks

C. Date of Delivery

2/27

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No

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 Return receipt – 7014-1820-0001-3262-8436  
 USPS

3. Service Type

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

4. Restricted Delivery? (*Extra Fee*)

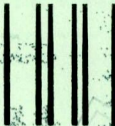
Yes

2. Article Number

(*Transfer from service label*)

7014 1820 0001 3262 8436

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 Avenue Dept. 408  
Bismarck, ND 58505-0480

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Filed: 3/2/2015

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USPS

