

PU 14-679

**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:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

J Davis

C. Date of Delivery

12/22

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

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 Return receipt – 7012-1640-0002-4650-0749  
 USPS

**BRIAN R. BJELLA**  
**CROWLEY FLECK PLLP**  
**PO BOX 2798**  
**BISMARCK ND 58502-2798**

3. Service Type

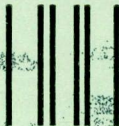
- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7012 1640 0002 4650 0749

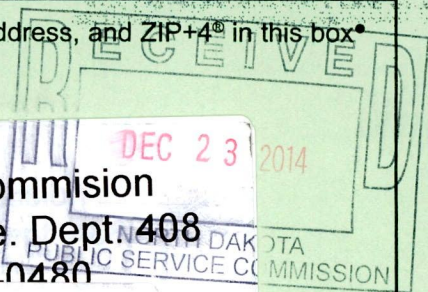
UNITED STATES POSTAL SERVICE



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 - 7012-1640-0002-4650-0749

USPS

