

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.

Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Boas

Agent
 Addressee

B. Received by (Printed Name)

J Boas

C. Date of Delivery

8/5

D. Is delivery address different from item 1? Yes
 No

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Return receipt – 7015-0920-0001-6791-8541
USPS

Ernan R. Bjella
Crowley Fleck PLLP
PO Box 2798
Bismarck ND 58502-2798
Cert. No. 7015 0920 0001 6791 8541
PU-14-679

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number
(Transfer from service label)

Cert. No. 7015 0920 0001 6791 8541

UNITED STATES POSTAL SERVICE

05 AUG 2015 PM 11

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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AUG - 7 2015

NORTH DAKOTA
PUBLIC SERVICE COMMISSION