

PU-14-769

**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  
 100 W. BROADWAY, SUITE 250  
 BISMARCK, ND 58502

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*Solene Quinn*

C. Date of Delivery

*1-26-15*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

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 Return receipt – 7014-1820-0001-3262-7941  
 USPS

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

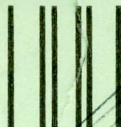
Yes

2. Article Number

(Transfer from service label)

7014 1820 0001 3262 7941

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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USPS

