

PU-14-769

**SENDER: COMPLETE THIS SECTION**

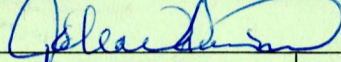
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John W Morrison  
 Crowley Fleck PLLP  
 100 W Broadway, Ste 250  
 Bismarck, ND 58502

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**   Agent  
 Addressee

B. Received by (Printed Name)

*Solene Quinn*

C. Date of Delivery

*5/18/15*

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

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 Return receipt 7014-1820-0001-3262-7859  
 USPS

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number  
 (Transfer from service label)

7014 1820 0001 3262 7859

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

18 MAY 2015 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 Avenue Dept. 408  
Bismarck ND 58505-0480

**49** **PU-14-769** Filed: 5/21/2015 Pages: 2  
Return receipt 7014-1820-0001-3262-7859

USPS

