

PU 14-823

**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 WEST BROADWAY, SUITE 250  
 P O BOX 2798  
 BISMARCK, ND 58502

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

J Hoar

C. Date of Delivery

1/26

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

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 Return receipt – 7014-1820-0001-3262-8597  
 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

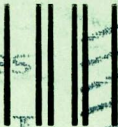
2. Article Number  
 (Transfer from service label)

7014 1820 0001 3262 8597

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

26 JAN 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

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USPS

