

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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  
 Attorney at Law  
 Crowley Fleck PLLP  
 100 West Broadway Suite 250  
 Bismarck, ND 58501  
**Cert. No. 7015 0640 0006 6433 4155**

*pu-15-97*



9590 9401 0059 5071 4558 15

2. Article Number (Transfer from service label)

**7015 0640 0006 6433 4155**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

*Jolene Quinn*

Agent

Addressee

B. Received by (Printed Name)

*Jolene Quinn*

C. Date of Delivery

*10-2-15*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

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 Return receipt – 7015-0640-0006-6433-4155  
 USPS

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

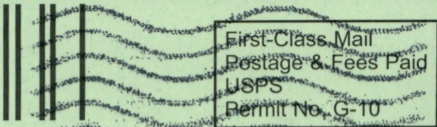
Signature Confirmation

Restricted Delivery

*pu-15-97*

UNITED STATES POSTAL SERVICE BISMARCK ND 585

02 OCT 2015 PM 2 L

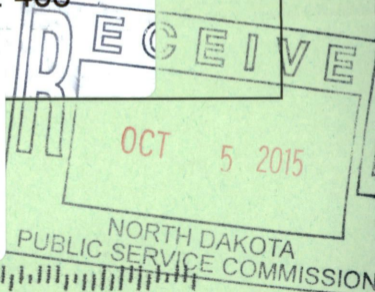


- Sender: Please print your name, address, and ZIP+4® in this box•

N. D. Public Service Commission  
 600 E. Boulevard Avenue Dept. 408  
 Bismarck, ND 58505-0480

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USPS



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