

PU-15-137

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
 PO Box 2798
 Bismarck ND 58502-2798

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

J. Jones

C. Date of Delivery

6/8

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

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 Return receipt - 7014-0150-0000-4831-4837
 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

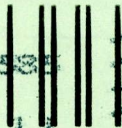
2. Article Number
 (Transfer from service label)

7014 0150 0000 4831 4837

UNITED STATES POSTAL SERVICE

BISMARCK ND 58505

08 JUN 2015 PM 1 L



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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Return receipt – 7014-0150-0000-4831-4837

USPS

