

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

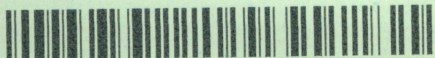
Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

John W Morrison
Crowley Fleck PLLP
100 West Broadway Suite 250
PO Box 2798
Bismarck ND 58502-2798

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Return receipt – 7015-0920-0001-6791-8688
USPS

Cert. No. 7015 0920 0001 6791 8688 PU-15-137



9590 9401 0059 5071 4554 02

Article Number (Transfer from service label)

Cert. No. 7015 0920 0001 6791 8688

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Address

B. Received by (Printed Name)

J Haas

C. Date of Delivery

8/17

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

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®

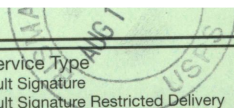
Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation

Signature Confirmation Restricted Delivery



UNITED STATES POSTAL SERVICE

BISMARCK ND 585

14 AUG 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 •

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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AUG 17 2015

USPS

RECEIVED

