

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. **John Morrison**
Crowley Fleck Attorneys
PO Box 2798
Bismarck, ND 58502-2798
Cert. 7015 0640 0006 6433 1802
PU-15-694



9590 9401 0022 5071 5958 52

2. Article Number (Transfer from service label)
Cert. 7015 0640 0006 6433 1802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name) *[Handwritten: J. A. ...]* C. Date of Delivery *[Handwritten: 12/17]*

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

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 Return receipt – 7015-0640-0006-6433-1802
 USPS

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

pu-15-694

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

07 DEC 2015 PM 1 L

Happy Holidays

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

PUBLIC SERVICE COMMISSION
600 E BOULEVARD AVE DEPT 408
BISMARCK ND 58505-0480

RECEIVED
DEC - 9 2015
NORTH DAKOTA
SERVICE COMMISSION

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Return receipt - 7015-0640-0006-6433-1802

USPS

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