

**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 Morrison  
 Crowley Fleck Attorneys  
 PO Box 2798  
 Bismarck, ND 58502-2798  
**Cert. 7015 0640 0006 6433 1987**  
**PU-15-694**



9590 9401 0022 5071 5956

2. Article Number (Transfer from service label)

**7015 0640 0006 6433 1987**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*J. Haas*

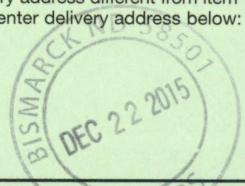
C. Date of Delivery

*12/22*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No



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 Return receipt – 7015-0640-0006-6433-1987  
 USPS

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Signature Confirmation™

Signature Confirmation Restricted Delivery

*pu-15-694*

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

Happy Holidays

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 940

22 DEC 2015 PM 1 L

• 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

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Return receipt - 7015-0640-0006-6433-1987

DEC 24 2015

USPS

NORTH DAKOTA  
SERVICE COMMISSION

9590 9401 0022 5071 5956 54