

PU-15-694

**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 Morrison  
 Crowley Fleck Attorneys  
 PO Box 2798  
 Bismarck, ND 58502-2798  
**Cert. No. 7016 0600 0000 4633 7683**  
**Case No. PU-15-694**



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date: 6-22]*

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No



3. Service Type

Priority Mail Express®

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 Return receipt – 7016-0600-0000-4633-7683  
 USPS

2. Article Number (Transfer from ser

- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Signature Confirmation Restricted Delivery

**Cert. No. 7016 0600 0000 4633 7683**

PU-15-694

USPS TRACKING# BISMARCK ND 585

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Return receipt - 7016-0600-0000-4633-7683

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

USPS

, and ZIP+4® in this box\*

RECEIVED  
AUG 23 2016

ND Public Service Commission  
600 E. Boulevard Ave. Dept. 408  
Bismarck, ND 58505-0480

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

