

**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:

Blaine T. Johnson  
 Crowley Fleck PLLP  
 PO Box 2798  
 Bismarck ND 58502-2798  
**Cert. No. 7014 0150 0000 4832 9046**  
**PU-15-725**



9590 9401 0132 5225 5405 05

2. Article Number (Transfer from service label)

**7014 0150 0000 4832 9046**

**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]*

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



3. Service Type

Priority Mail Express®

33 PU-15-725 Filed 02/18/2016 Pages: 2  
 Return receipt – 7014-0150-0000-4832-9046  
 USPS

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

Signature Confirmation Restricted Delivery

*PU-15-725*

USPS TRACKING#



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

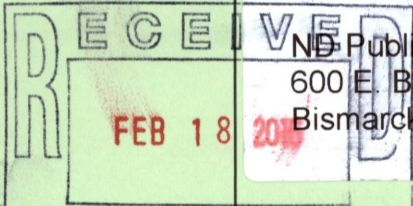
33 PU-15-725 Filed: 2/18/2016 Pages: 2  
Return receipt - 7014-0150-0000-4832-9046

955

USPS

ZIP+4® in this box\*

Unit  
Post



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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

