

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. No. 7015 0640 0006 6433 1888
PU-15-733



9590 9401 0022 5071 5957

2. Article Number (Transfer from service label)

7015 0640 0006 6433 1888

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

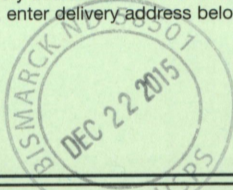
B. Received by (Printed Name)

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 – 7015-0640-0006-6433-1888
 USPS

Insured Mail Restricted Delivery
 (over \$500)

Restricted Delivery

PU-15-733

UNITED STATES POSTAL SERVICE

BISMARCK ND 585

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

22 DEC 2015 PM 2:17

• 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 24 2015
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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Return receipt - 7015-0640-0006-6433-1888

USPS

9590 9401 0022 5071 5957 60