

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. 7012 3460 0000 6342 1692
PU-15-801

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 Return receipt – 7012-3460-0000-6342-1692



9590 9401 0137 5225 3895 05

2. Article Number (Transfer from service label)

Cert. No. 7012 3460 0000 6342 1692

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

[Handwritten Name: Aars]

C. Date of Delivery

[Handwritten Date: 1/25]

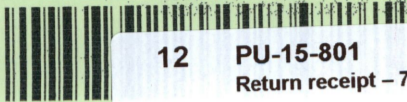
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery



USPS TRACKING#



9590 940

United States
Postal Service

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

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Return receipt - 7012-3460-0000-6342-1692

USPS

in this box

RECEIVED
JAN 27 2016
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

