

**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.

Casey Furey  
 Crowley Fleck PLLP  
 PO Box 2798  
 Bismarck, ND 58502-2798  
 Cert. No. 7019 0700 0000 6174 3960  
 Case No. PU-16-123



9590 9402 5222 9122 3378

2. Article Number (Transfer from service label)

7019 0700 0000 6174 3960

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

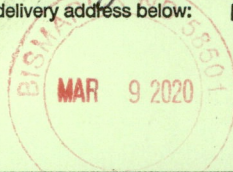
B. Received by (Printed Name)

*[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®

Adult Signature

Registered Mail™

Adult Signature Restricted Delivery

Registered Mail Restricted Delivery

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Return receipt - 7019-0700-0000-6174-3960

USPS

Insured Mail Restricted Delivery  
 (over \$500)

Restricted Delivery

USPS TRACKING #



9590 94

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Return receipt - 7019-0700-0000-6174-3960

USPS

Class Mail  
age & Fees Paid  
it No. G-10

United States  
Postal Service

this box\*

RECEIVED

MAR 12 2020

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

