

pu-16-189

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

6/13

1. Article Addressed to:

Wade Mann  
 Crowley Fleck PLLP  
 PO Box 2798  
 Bismarck, ND 58502-2798  
**Cert. No. 7015 3010 0000 6559 5557**  
**Case No. PU-16-189**

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 Return receipt – 7015-3010-0000-6559-5557  
 USPS

JUN 13 2016



9590 9402 1375 5285 3121 41

2. Article Number (Transfer from service label)

**Cert. No. 7015 3010 0000 6559 5557**

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

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