

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.

Casey Furey
 Crowley Fleck PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7019 2280 0001 7941 5013
 Case No. PU-18-404



9590 9402 4492 8248

7019 2280 0001 7941 5013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-15-20

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



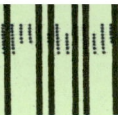
2. Service Type

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 Return receipt
 United States Postal Service

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

Signature Confirmation
 Restricted Delivery

USPS TRACKING#



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

9590 9402 4492 8248 7964 43

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

RECEIVED
JUN 17 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission
Attn: Public Utilities Division
600 E. Boulevard Ave. Dept. 408

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Return receipt

United States Postal Service