

**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.

Article Addressed to:

Wade C. Mann  
 Crowley Fleck PLLP  
 PO Box 2798  
 Bismarck, ND 58502-2798  
 Case No. PU-19-294



9590 9402 5222 9

2. Article Number (Transfer from)

7019 1120 0002 3204 7016

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

4-3-20

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



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 Return receipt - 7019-1120-0002-3204-7016  
 USPS

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

USPS TRACKING#

BISMARCK ND 585



9590 9402 5222 9122 3376 46

RECEIVED  
APR - 8 2020

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

United States  
Postal Service

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

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION  
600 E BOULEVARD AVE DEPT 408  
BISMARCK ND 58505-0480

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Return receipt - 7019-1120-0002-3204-7016

USPS

