

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.

Wade C. Mann
 Crowley Fleck
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7019 0700 0000 6174 3533
 Case No. PU-19-368



9590 9402 5222 9122 3533

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Al Soy* Agent
 Addressee

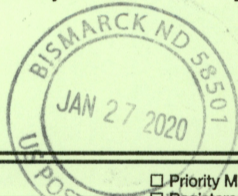
B. Received by (Printed Name)

Al Soy

C. Date of Delivery

1-27-20

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



3. Service Type

Adult Signature Priority Mail Express®

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 Return receipt – 7019-0700-0000-6174-3533
 USPS

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

7019 0700 0000 6174 3533

USPS TRACKING #



9590 9482 5

United States
Postal Service

RECEIVED
JAN 29 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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Return receipt - 7019-0700-0000-6174-3533

USPS

First-Class Mail
Fees Paid
G-10

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

