

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 PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7019 0700 0000 6174 3625
 Case No. PU-19-369



9590 9402 5222 9122 3

2. *Printed Name (Transfer from service)*

7019 0700 0000 6174 3625

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A Mann*

Agent
 Addressee

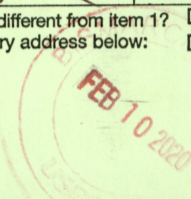
B. Received by *(Printed Name)*

Scott A Mosby

C. Date of Delivery

2-10-20

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



3. *Service Type*

Priority Mail Express®

21 PU-19-369 Filed 02/12/2020 Pages: 2
 Return receipt – 7019-0700-0000-6174-3625
 USPS

Insured Mail Restricted Delivery
 (over \$500)

Restricted Delivery

USPS TRACKING# RCK ND 585

First-Class Mail

Postage Paid

21

PU-19-369

Filed: 2/12/2020

Pages: 2

Return receipt - 7019-0700-0000-6174-3625

USPS

9590 9402 5222

United States
Postal Service

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

FEB 12 2020

RECEIVED

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