

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. Article Addressed to:

Wade C. Mann
 Crowley Fleck PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Case Number PU-19-369

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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



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Return receipt

United States Postal Service

2. Article Number (Transfer from service label)

7019 1120 0002 3204 7139

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #



9590 9402 5222 9122 3375 16

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

RECEIVED
MAY 6 2020

United States
Postal Service

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

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

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