

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.

Casey Furey
 Crowley Fleck PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7019 2280 0000 0692 7934
 Case No. PU-20-405



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Casey Furey* Agent
 Addressee

B. Received by (Printed Name)

A. Furey

C. Date of Delivery

10-13-20

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

3. Service Type

Priority Mail Express®

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Return receipt

United States Postal Service

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Signature Confirmation™
- Signature Confirmation Restricted Delivery

7019 2280 0000 0692 7634

USPS TRACKING #



9590 9402 6143 0209 1396 97

RECEIVED

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

OCT 15 2020

United States
Postal Service

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

ND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Ave Dept. 408

05-0480

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Return receipt

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United States Postal Service

