

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.

Casey Furey
 Crowley Fleck PLLP
 PO Box 2798
 Bismarck, ND 58502-2798
 Cert. No. 7020 1290 0001 6150 5773
 Case No. PU-20-409



9590 9402 6024 0069 3940 10

7020 1290 0001 6150 5773

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

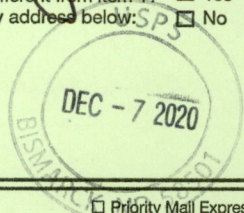
B. Received by (Printed Name)



C. Date of Delivery

12-7-20

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



3. Service Type

- Adult Signature
- Priority Mail Express®
- Registered Mail™

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Return receipt

United States Postal Service

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

- Signature Confirmation Restricted Delivery

USPS TRACKING#

BISMARCK ND 585

First-Class Mail

Postage Paid

10



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Return receipt

9590 9402 602

United States Postal Service

United States
Postal Service

RECEIVED

DEC - 9 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

