-23-325 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. 1 Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, entendelivery address below: П No Casey Furey Crowley Fleck Attorneys PO Box 2798 Bismarck, ND 58502-2798 Cert. No. 9589 0710 5270 1582 7550 19 Case No. PU-23-325 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery Certified Mail® ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 9590 9402 8147 3030 8021 50 ☐ Signature Confirmation □ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail 9589 0710 5270 1582 7550 ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt USPS TRACKING# First-Class Mail Postage & Fees Paid



USPS Permit No. G-10

9590 9402 8347 3030 8021 50

United States Postal Service≤ m 4 0 Sender: Please print your name, address, and ZIP+4® in this box

ND Public Service Commission Attn: Public Utilities Division

600 E Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

PU-23-325 Filed 02/14/2024 Pages: 1 Return Receipt

United States Postal Service