

**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 Mann  
 Crowley Fleck PLLP  
 PO Box 2798  
 Bismarck, ND 58502-2798  
 Cell No. 9589 0710 5270 0129 6578 61  
 PU 24-219

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ad*

Agent

Addressee

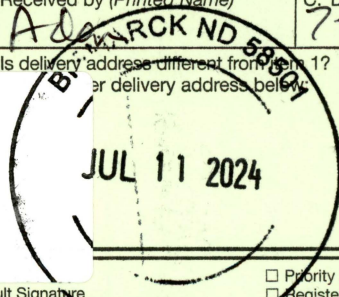
B. Received by (Printed Name)

*Ad*

C. Date of Delivery

*7-11-20*

D. Is delivery address different from item 1?  Yes  
or delivery address below  No



9590 9402 8849 4005 9630 99

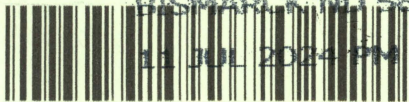
2. **9589 0710 5270 0129 6578 61**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

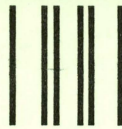
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8849 4005 9630 99



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

**United States Postal Service**

• 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**

RECEIVED

JUL 15 2024

NORTH DAKOTA  
DIVISION OF PUBLIC UTILITIES

