

pu-18-277

**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.

Sender  
 Fredrik [redacted] Byron, P. A.  
 1133 College Drive, Suite 1000  
 Bismarck, ND 58501-1215  
 Cert. No. 7018 2290 0000 6607 7605

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *A. Nelson*  Agent  Addressee

B. Received by (Printed Name)  
*A. Nelson*

C. Date of Delivery  
*11/27/18*

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



9590 9402 4492

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 Return receipt – 7018-2290-0000-6607-7605  
 USPS

2. Art  
 7018 2290 0000 6607 7605

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

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USPS TRACKING #

First Class Mail

Paid

57 PU-18-277 Filed: 11/28/2018 Pages: 2  
Return receipt - 7018-2290-0000-6607-7605

USPS

United States  
Postal Service

NOV 28 2018

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

RECEIVED

R

9590 9402 4492