

PU-14-644

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

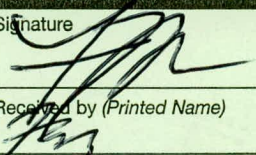
1. Article Addressed to:

**ALISON C ARCHER  
 ASSISTANT GENERAL COUNSEL  
 XCEL ENERGY SERVICES, INC.  
 414 NICOLLET MALL 5TH FL  
 MINNEAPOLIS MN 55401**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

NOV 17 2014

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

18 PU-14-644 Filed 11/19/2014 Pages: 2  
 Return receipt – 7014-0150-0000-4832-0128  
 USPS

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

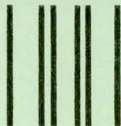
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7014 0150 0000 4832 0128

UNITED STATES POSTAL SERVICE



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

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

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

**18** **PU-14-644** Filed: 11/19/2014 Pages: 2  
Return receipt – 7014-0150-0000-4832-0128

USPS