

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:

Alison C. Archer
Xcel Energy
414 Nicollet Mall 5th Floor
Minneapolis, MN 55401-1993
Cert. No. 7015 0920 0001 6792 1510
PU-15-174/15-175/15-181/15-183



9590 9401 0059 5071 4555 87

2. Article Number (Transfer from mailpiece label)

7015 0920 0001 6792 1510

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

AUG 31 2015

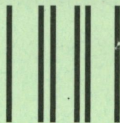
D. Is delivery address different from item 1? ☐ Yes

- 27 PU-15-183 Filed 09/03/2015 Pages: 2
Return receipt – 7015-0920-0001-6792-1510
- 37 PU-15-181 Filed 09/03/2015 Pages: 2
Return receipt – 7015-0920-0001-6792-1510
- 38 PU-15-175 Filed 09/03/2015 Pages: 2
Return receipt – 7015-0920-0001-6792-1510
- 31 PU-15-174 Filed 09/03/2015 Pages: 2
Return receipt – 7015-0920-0001-6792-1510

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

☐ Signature Confirmation Restricted Delivery

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 •

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

USPS TRACKING#



9590 9401 0059 5071 4555 87

