

PU-16-644

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.

Tom Hillstrom
 Principal Permitting Agent
 Xcel Energy
 414 Nicollet Mall, 414-6A
 Minneapolis, MN 55401
Cert. No. 7016 0600 0000 4633 7898



9590 9402 1906 6

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

OCT 10 2016

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

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 Return receipt – 7016-0600-0000-4633-7898
 USPS

2. Article Number (Transfer from service label)

Cert. No. 7016 0600 0000 4633 7898

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

PU-16-644

USPS TRACKING #



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PU-16-644

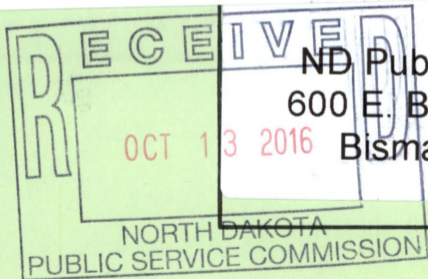
Filed: 10/13/2016 Pages: 2

Return receipt - 7016-0600-0000-4633-7898

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

USPS

and ZIP+4® in this box*



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