

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.

David Sederquist
 Sr. Regulatory & Financial Consultant
 Xcel Energy
 PO Box 2747
 Fargo, ND 58108-2747
 Cert. No. 7019 0700 00006174 3687
 Case No. PU-19-329

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

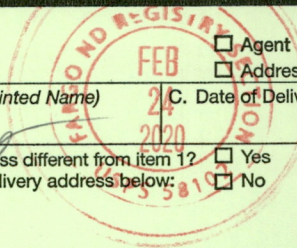
B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

Handwritten signature: *David Sederquist*



9590 9402 5222 91

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 Return receipt - 7019-0700-0000-6174-3687
 USPS

2

7019 0700 0000 6174 3687

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

USPS TRACKING #



9590 9402 5

United States
Postal Service

RECEIVED

FEB 26 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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Return receipt - 7019-0700-0000-6174-3687

USPS

First-Class Mail
Fees Paid
G-10

BOX*

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