

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.

David Sederquist
 Sr. Regulatory and Financial Consultant
 Xcel Energy
 PO Box 2747
 Fargo, ND 58108-2747
 Cert. No. 7020 1290 0001 6150 5872
 Case No. PU-20-406



9590 9402 6024 0069 3939

7020 1290 0001 6150 5872

COMPLETE THIS SECTION ON DELIVERY

A. Signature

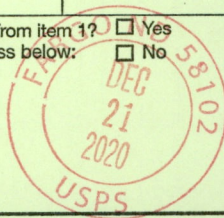
X

- 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



3. Service Type

Priority Mail Express®

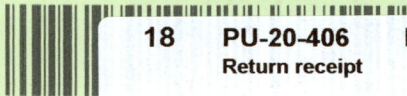
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Return receipt

United States Postal Service

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

USPS TRACKING #



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Return receipt

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Pages: 2

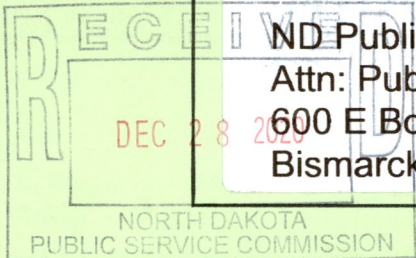
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 94

United States Postal Service

United States
Postal Service

in this box*



ND Public Service Commission

Attn: Public Utilities Dept.

600 E Boulevard Ave. Dept. 408

Bismarck, ND 58505-0480

