

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 5889
 Case No. PU-20-426



9590 9402 6024 0069 3939

2. Article Number

7020 1290 0001 6150 5889

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

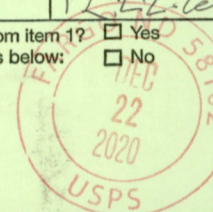
[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

Adult Signature

Priority Mail Express®

Registered Mail™

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Return receipt

United States Postal Service

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

- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



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Return receipt

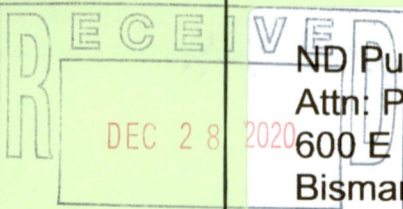
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION