

PU-23-315

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.

Christine Schwartz
 Regulatory Administrator
 Xcel Energy
 414 Nicollet Mall – 401, 7th Floor
 Minneapolis, MN 55401
 Cert. No. 9589 0710 5270 0642 4073 56
 Case No. PU-23-315



9590 9402 7987 2305 9063 67

2. Article Number (Transfer from service label)

9589 0710 5270 0642 4073 56

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Handwritten Signature]* Agent
 Addressee

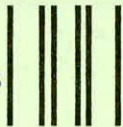
B. Received by (Printed Name) | C. Date of Delivery
 KEVIN MUSTAD | 10-23-23

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

USPS TRACKING #



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

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United States
Postal Service

RECEIVED

OCT 31 2023

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

• Sender: Please print your name, address, and ZIP+4® in this box •

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

