

PU-23-366

**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. Article Addressed to:**

Christine Schwartz  
 Regulatory Administrator  
 Xcel Energy  
 414 Nicollet Mall – 401, 7th Floor  
 Minneapolis, MN 55401  
 Cert. No. 9589 0710 5270 1582 7552 17  
 Case No. PU-23-366



9590 9402 8147 3030 8006 75

**2. Article Number (Transfer from service label)**

9589 0710 5270 1582 7552 17

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) SCOTT WALLICK  
 C. Date of Delivery FEB 27 2024

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

- 3. Service Type**
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

**USPS TRACKING#**



9590 9402 8147 3030 8006 75



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

United States Postal Service

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

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

RECEIVED

MAR 5 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

PU-23-366

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1. Article Addressed to:

Ian Dobson  
 Lead Assistant General Counsel  
 Xcel Energy Services, Inc.  
 414 Nicollet Mall - 401, 8th Floor  
 Minneapolis, MN 55401  
 Cert. No. 9889 0710 5270 1572 7552 00  
 Case No. PU-23-366



9590 9402 8147 3030 8006 82

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7552 00

**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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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Domestic Return Receipt

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MAR 5 2024

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