

PU-23-367

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 Description**

Christine Schwartz
 Regulatory Administrator
 Xcel Energy
 414 Nicollet Mall – 401, 7th Floor
 Minneapolis, MN 55401
 Cert. No. 9589 0710 5270 0129 6618 51
 Case No. PU-23-367



9590 9402 8606 3244 9338 15

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

9589 0710 5270 0129 6618 51

COMPLETE THIS SECTION ON DELIVERY

A. **Signature**

X *Christine Schwartz*

Agent
 Addressee

B. **Received by (Printed Name)** *CHRISTINE SWARTZ*

C. **Date of Delivery** *11-19-24*

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

92 PU-23-367 Filed 11/18/2024 Pages: 2
 Return Receipt (2)

United States Postal Service

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 8606 3244 9338 15



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 •

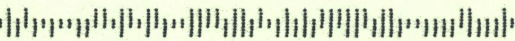
ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480

RECEIVED

NOV 18 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

5-048009



PU-23-367

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1.

Zeviel Simpser
 Lead Counsel
 Dorsey & Whitney
 59 S 6th St., Suite 1500
 Minneapolis, MN 55402
 Cert. No. 9589 0710 5270 0129 6618 44
 Case No. PU-23-367



9590 9402 8606 3244 9338 22

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6618 44

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]* 208

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-14-24

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

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 8606 3244 9338 22

First-Class Mail
 Postage & Fees Paid
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United States Postal Service

RECEIVED

NOV 18 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

• 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

5-048099

