

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF SOUTH DAKOTA**
500 East Capitol Building, Pierre SD 57501

RECEIVED

MAY 06 2010

COMPLAINT

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

| Complainant(s) (Person(s) filing the complaint) | | Respondent(s) (Person(s) or Company complained against) At a minimum, the name of the company | |
|---|----------------------|---|-----------------------|
| Name | Convenient Loan | Utility Company | Xcel Energy |
| Address | 119 S Main Ave | Contact Person | Liza Horner |
| City, State, Zip | Sioux Falls SD 57104 | Address | 3115 Centre Pointe Dr |
| Work Phone | 800-233-8572 | City, State, Zip | St Paul, MN 55113 |
| Home Phone | | Phone | (651) 639-4512 |
| Cellular Phone | | Fax | (651) 639-4322 |
| If the Complainant is represented by an attorney, please list the attorney's name, address, telephone number and fax number below: (If Complainant is not represented by an attorney, please leave blank: | | | |

These are the facts giving rise to my complaint:

Approximately two years ago some electrical work was done at landlords expense where the electrical heating system was rewired, and a separate meter was installed. Our company was unaware of any of these changes.

We continued to pay all electrical bills that were received and fulfilled payment responsibility based on invoices received. After two years we are now being asked to pay \$3,839.14.

We have made several attempts to contact landlord for shared resolution, no responds and no conclusion has been made.

If a resolution can not be made and we are forced to pay this balance then we will have no other choice but to relocate.

Please complete the reverse side of this document

NOTE: Please attach additional pages, if necessary, to explain your situation. Also enclose copies of any bills or other documents which may pertain to your complaint.

RESOLUTION REQUEST

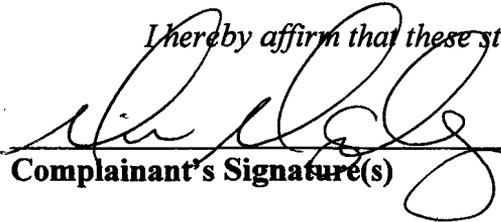
I ask that the Public Utilities Commission grant the following remedy. (What do you think the Commission should do to solve your complaint? Be specific in your request for a resolution.)

Since the billing error is not our fault we are requesting Relief of the debt.

NOTE: Please attach any additional pages, if necessary

AFFIRMATION STATEMENT

Hereby affirm that these statements are true and accurate to the best of my knowledge.


Complainant's Signature(s)

4/30/10
Date

