

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

COMPLAINT

Complainant(s) (Person(s) filing the complaint)		Respondent(s) (Person(s) or Company complained against) At a minimum, the name of the company	
Name	Kathleen Soesbe	Utility Company	Northwestern Energy
Address	PO Box 201	Contact Person	Lori St-Aubin
City, State, Zip	Springfield SD 57062	Address	
Work Phone		City, State, Zip	
Home Phone	369-2978	Phone	353-7591
Cellular Phone		Fax	

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: ^{Phone + Cable shut off Oct 24, 2005}
 N.W. attempting to strong-arm me into paying a bill for power usage after I moved and DID notify them to stop service - other utilities were shut off as per same request before end of October. N.W. failed (forgot?) to comply & expects me to pay for their negligence. at present, N.W. refuses to send me the bill for my residence at 705 College St. Box 201 Springfield S.D. - account previously in name of Gene Wynia. (Since October I have paid this on my checking account - my name.

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.

over

* Stress-induced seizures are recently intensifying - proof is available. I can not cope with falsified accusations that have been made concerning this issue. Hopefully I won't end up with more health issues. I was out before & they were notified - other utilities followed Directive.

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.)

- 1- I want my current bill.
- 2- I want Bill I do NOT owe voided.
- 3- Account put in my name.
- 4- N.W.P.S. send all future bills to me.
- 5- NO further harrasment over non-valid billing.

*Originally they said bill was of Nov 2006 - when they realized I wasn't there then - they changed story.

NOTE: Please attach any additional pages, if necessary.

AFFIRMATION STATEMENT

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

Complainant's Signature(s)

Date

