

PU 14 694

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**Bruce Gerhardson**  
**Otter Tail Power Company**  
**PO Box 496**  
**Fergus Falls MN 56538-0496**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Russ Beste*

Agent

Addressee

B. Received by (Printed Name)

*Beste*

C. Date of Delivery

*12-8-14*

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

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 Return receipt – 7014-0150-0000-4831-4639  
 USPS

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7014 0150 0000 4831 4639

UNITED STATES POSTAL SERVICE

FARGO ND 581

08 DEC 2014 PM 1



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

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

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

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Return receipt – 7014-0150-0000-4831-4639

USPS

RECEIVED  
2014  
DAKOTA  
COMMISSION