

PU 14-825

**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 Beske*

Agent

Addressee

B. Received by (Printed Name)

*Beske*

C. Date of Delivery

*1-12-15*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

10 PU-14-825 Filed 01/14/2015 Pages: 2  
 Return receipt – 7014-1820-0001-3262-7613  
 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 1820 0001 3262 7613

UNITED STATES POSTAL SERVICE

WAGO ND 931

12 JAN 2015 PM 2 14



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 Avenue Dept. 408  
Bismarck, ND 58505-0480

10

PU-14-825

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Pages: 2

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USPS

