

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.

Article Addressed to:

Bruce Gerhardson, Attorney
 Otter Tail Power Company
 215 South Cascade Street
 PO Box 496
 Fergus Falls, MN 56538

Cert. No. 7015 0920 0001 6791 8565 PU-15-145

Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Bruce Beske

Agent
 Address

B. Received by (Printed Name)

Beske

C. Date of Delivery

8-3-1

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

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 Return receipt – 7015-0920-0001-6791-8565
 USPS

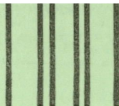
3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Cert. No. 7015 0920 0001 6791 8565

UNITED STATES POSTAL SERVICE



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

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

North Dakota Public Service Commission
600 E Boulevard Avenue Dept 408
Bismarck, ND 58505-0480

RECEIVE

18

PU-15-145

Filed: 8/5/2015

Pages: 2

Return receipt – 7015-0920-0001-6791-8565

AUG - 5 2015

USPS

NORTH DAKOTA
SERVICE COMMISSION