

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
PO Box 496
Fergus Falls, MN 56538

Cert. No. 7015 0920 0001 6791 8596 PU-15-224

Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Russ Beste

Agent
 Address

B. Received by (Printed Name)

Beste

C. Date of Delivery

8-3-

D. Is delivery address different from item 1? Yes

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Return receipt – 7015-0920-0001-6791-8596
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

UNITED STATES POSTAL SERVICE

ND 581
03 AUG 2015 PM 2 L

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

RECEIVED
AUG - 5 2015

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Return receipt - 7015-0920-0001-6791-8596

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

USPS

