

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 16
Otter Tail Power Company
215 S. Cascade Street
Fergus Falls, MN 56538
Cert. No..7015 0920 0001 6791 8428
~~PU-15-224~~

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Rick Baker Agent
 Address

B. Received by (Printed Name) *Rick Baker* C. Date of Delivery *8/3/15*

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

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Return receipt – 7015-0920-0001-6791-8428
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

Article Number
(Transfer from service label)

Cert. No. 7015 0920 0001 6791 8428

PU-15-224

UNITED STATES POSTAL SERVICE ND 581

04 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 - 6 2015
NORTH DAKOTA
SERVICE COMMISSION

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