

pu-17-99

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. **Cary Stephenson,**
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538
Cert. No. 7016 1970 0001 1484 4474

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Russ Beste* Agent Addressee

B. Received by (Printed Name)
Beste

C. Date of Delivery
6-21-17

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



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 Return receipt - 7016-1970-0001-1484-4474
 USPS

2. Article Number (Transfer from service label)
Cert. No. 7016 1970 0001 1484 4474

- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

pu-17-99

USPS TRACKING #

FARGO ND 581

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

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PU-17-99

Filed: 6/23/2017

Pages: 2

Return receipt - 7016-1970-0001-1484-4474

USPS

and ZIP+4® in this box•

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

