

pu-17-140/17-141/17-143

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
 215 S. Cascade Street
 Fergus Falls, MN 56538-0496
Cert. No. 7015 0640 0006 6993 9072



9590 9402 2326 6225 4247 34

2. Article Number (Transfer from service label)
Cert. No. 7015 0640 0006 6993 9072

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

B. Received by (Printed Name) C. Date of Delivery
 Emily Kucera 7/13/17

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

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 Return receipt - 7015-0640-0006-6993-9072

29 PU-17-141 Filed 07/10/2017 Pages: 2
 Return receipt - 7015-0640-0006-6993-9072

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 Return receipt - 7015-0640-0006-6993-9072

Adult Signature Restricted Delivery Registered Mail Restricted

Insured Mail Signature Confirmation
 Insured Mail Restricted Delivery (over \$500) Restricted Delivery

USPS TRACKING #

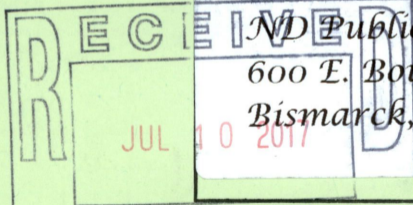


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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and ZIP+4® in this box*



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

NORTH DAKOTA

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