

pu-17-366

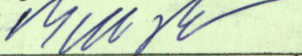
SENDER: COMPLETE THIS SECTION

- 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. **Bruce Gerhardson, Attorney**
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538
Cert. No. 7017 1070 0000 1507 6958
Case No. PU-17-366

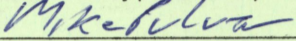
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent
 Addressee

B. Received by (Printed Name)



C. Date of Delivery

10-26-17

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



9590 9402 3012 712

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Return receipt - 7017-1070-0000-1507-6958
USPS

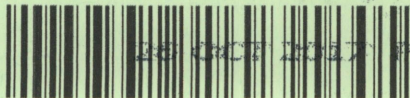
2. Article (Transfer from service label)

7017 1070 0000 1507 6958

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

pu-17-366

USPS TRACKING #



9590 9402 3012 7124 6843 63

United States
Postal Service

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

RECEIVED
OCT 30 2017

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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Return receipt - 7017-1070-0000-1507-6958

USPS

