

pu-17-398

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 56538-0496
Cert. No. 7017 2400 0001 0889 8720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

X *Chris Thompson*

B. Received by (Printed Name)
 Chris Thompson

C. Date of Delivery
 3-2-18

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



9590 9402 3634 730

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 Return receipt - 7017-2400-0001-0889-8720
 USPS

2. Article Number (Transfer from service label)
7017 2400 0001 0889 8720

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

USPS TRACKING #

FARGO ND 581



03 MAR 2018 PM 2 T

9590 9402 3634 7305 8624 94

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

MAR - 5 2018

United States
Postal Service

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

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

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Filed: 3/5/2018

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