

pu-18-26

**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. Addressee's name:

Cary Stephenson  
 Associate General Counsel  
 Otter Tail Power Company  
 PO Box 496  
 Fergus Falls, MN 56538  
**Cert. No. 7017 2400 0001 0889 8836**



9590 9402 3634 7305 8623

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Russ Leske*

- Agent
- Addressee

B. Received by (Printed Name)

*Leske*

C. Date of Delivery

*6-4-18*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No

2. Article number:

**7017 2400 0001 0889 8836**

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

- Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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 Return receipt - 7017-2400-0001-0889-8836  
 USPS

pu-18-26

USPS TRACKING #



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

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Filed: 6/6/2018

Pages: 2

Return receipt - 7017-2400-0001-0889-8836

USPS

United States  
Postal Service

Please print your name, address and ZIP+4® in this box\*

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

RECEIVED  
JUN - 6 2018

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

