

PU-18-323

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X Chris Thompson

B. Received by (Printed Name) Agent
Chris Thompson Addressee

C. Date of Delivery
10-14-20

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

Mary Stephenson
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7019 2280 0000 0692 7863
 Case No. PU-18-323



9590 9402 6143 0209 139

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 Return receipt
 United States Postal Service

7019 2280 0000 0692 7863

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 #



9590 9402 6143 0209 1398 64 2020



RECEIVED

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 310

OCT 16 2020

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
Attn: Public Utilities Division

300 E. D. Howard Ave. Dept. 408
Bismarck, ND 58103-0480

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Return receipt

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United States Postal Service

