

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. 7019 0700 0000 6174 3489
 Case No. PU-19-342*

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Russ Beske

- Agent
 Addressee

B. Received by (Printed Name)

Beske

C. Date of Delivery

1-27-20

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



9590 9402 5222 9122

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 Return receipt – 7019-0700-0000-6174-3489
 USPS

7019 0700 0000 6174 3489

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

USPS TRACKING#

FARGO ND 581

First-Class Mail

Fees Paid

G-10

18

PU-19-342

Filed: 1/30/2020

Pages: 2

Return receipt - 7019-0700-0000-6174-3489

USPS

Box*

United States
Postal Service

590 9402 52

ND
PUBLIC
UTILITY
SERVICE
COMMISSION

3 0 2020

RECEIVED

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

