

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.

Darlene Mandelke
 Rates Analyst, Regulatory Administration
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7019 0700 0000 6174 3892
 Case No. PU-19-387

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Russ Beske

Agent

Addressee

B. Received by (Printed Name)

Beske

C. Date of Delivery

3-26-20

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



9590 9402 5222 9122 3377

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 Return receipt - 7019-0700-0000-6174-3892
 USPS

Article Number (Transfer from service label)

7019 0700 0000 6174 3892

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

USPS TRACKING #



9590 9402 5222 9122 3377 52

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

RECEIVED
MAR 30 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

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Return receipt - 7019-0700-0000-6174-3892

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USPS

