

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.

Carey Stephenson
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7019 0700 0000 6174 3885
 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

3. Service Type

 Priority Mail Express®

9590 9402 5222 9122 3377

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 Return receipt - 7019-0700-0000-6174-3885
 USPS

2. Article Number (Transfer from service label)

7019 0700 0000 6174 3885

 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

 Signature Confirmation
 Restricted Delivery

USPS TRACKING #



9590 9402 5222 9122 3377 69

RECEIVED
MAR 30 2020

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

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

600 E. D. ...

408

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PU-19-387

Filed: 3/30/2020

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Return receipt - 7019-0700-0000-6174-3885

USPS