

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. Article Addressed to:

William Rader  
 Rates Analyst, Regulatory Administration  
 Otter Tail Power Company  
 PO Box 496  
 Fergus Falls, MN 56538-0496  
 Case No. PU-20-91

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Russ Beske*

Agent

Addressee

B. Received by (Printed Name)

*Beske*

C. Date of Delivery

*4-7-20*

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



9590 9402 522

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Return receipt - 7019-1120-0002-3204-6996

USPS

2. Article Number (Transfer from service label)

7019 1120 0002 3204 6996

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 5222 9122 3376 53

United States  
Postal Service

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

RECEIVED  
APR - 9 2020

• Sender: Please print your name, address, and ZIP+4® in this box •

PUBLIC SERVICE COMMISSION NORTH DAKOTA  
600 E BOULEVARD AVE DEPT 408  
BISMARCK ND 58505-0480

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Return receipt - 7019-1120-0002-3204-6996

USPS

