

**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

Pete Beithon  
 Manager Regulatory Recovery  
 Otter Tail Power Company  
 215 S Cascade St.  
 Fergus Falls, MN 56537  
 Cert. No. 7019 0700 0000 6174 4080  
 Case No. PU-20-191



9590 9402 5222 9122 3377 14

7019 0700 0000 6174 4080

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X** *BN*

- Agent
- Addressee

**B. Received by (Printed Name)**

*C7 COVID 19*

**C. Date of Delivery**

*6-15-20*

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

**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- C 10
- C
- C
- In
- Insured mail restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery

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Return receipt  
 United States Postal Service

USPS TRACKING#

FARGO ND 581

First-Class Mail  
Postage & Fees Paid  
10



10

PU-20-191  
Return receipt

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9590 9402 52

United States Postal Service

United States  
Postal Service

RR EG EV  
JUN 17 2020

ND PUBLIC SERVICE COMMISSION

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

