

**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 1120 0002 3204 6835  
 Case No. PU-20-192

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X BN

- Agent
- Addressee

B. Received by (Printed Name)

CT CORRU 19

C. Date of Delivery

6.15.20

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



9590 9402 5222 9122 3522 98

2 Article Number (Transfer from service label)

7019 1120 0002 3204 6835

3.  12 PU-20-192 Filed 06/17/2020 Pages: 2  
 Return receipt  
 United States Postal Service
- 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



12

PU-20-192

Filed: 6/17/2020

Pages: 2

Return receipt

United States Postal Service

9590 9402 5

United States  
Postal Service

OX\*

RECEIVED  
JUN 17 2020

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

