

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:

Pete Beithon
 Manager Regulatory Recovery
 Otter Tail Power Company
 215 S Cascade St.
 Fergus Falls, MN 56537
 Cert. No. 7020 1290 0001 6150 3120
 Case No. PU-20-192

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *BN*

- Agent
- Addressee

B. Received by (Printed Name)

OT CORP

C. Date of Delivery

2-8-21

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

3. Service Type

Adult Signature

Priority Mail Express®

Registered Mail™



9590 9402 6024 0069 39

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Return receipt
United States Postal Service

7020 1290 0001 6150 3120

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

- Signature Confirmation
- Restricted Delivery

USPS TRACKING #

FARGO ND 581



9590 9402

United States
Postal Service

RECEIVED
FEB 11 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

24

PU-20-192
Return receipt

Filed: 2/11/2021

Pages: 2

United States Postal Service

First-Class Mail

Fees Paid

G-10

box

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

