

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.

Pete Beithon
 Manager Regulatory Recovery
 Otter Tail Power Company
 215 S Cascade St.
 Fergus Falls, MN 56537
 Cert. No. 7019 1120 0002 3204 6866
 Case No. PU-20-193



9590 9402 5222 9122 3379 05

2. Article Number (Transfer from service label)

7019 1120 0002 3204 6866

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X BN

- Agent
- Addressee

B. Received by (Printed Name)

C7 Covid 19

C. Date of Delivery

6-1-20

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

8 PU-20-193 Filed 06/04/2020 Pages: 2

Return receipt

United States Postal Service

- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation Restricted Delivery

USPS TRACKING#

FARGO ND 581



02 JUN 2020 17:42

9590 9402 5222 9122 3379 05

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

RECEIVED
JUN - 4 2020

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 F Boulevard Ave Dept. 408

8

PU-20-193
Return receipt

Filed: 6/4/2020

Pages: 2

80

United States Postal Service

