

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.

Lynn Wolters
 Rates Analyst, Regulatory Administration
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7019 2280 0000 0692 7672
 Case No. PU-20-383

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Thompson* Agent
 Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

11-24-20

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



9590 9402 6143 0209 1396

3. Service Type

Priority Mail Express®

17 PU-20-383 Filed 11/27/2020 Pages: 2

Return receipt

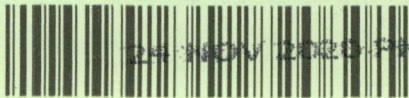
United States Postal Service

7019 2280 0000 0692 7672

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

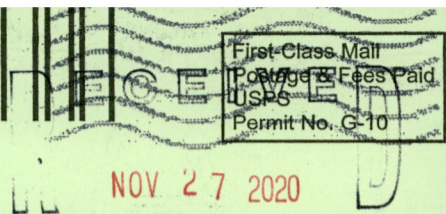
Signature Confirmation Restricted Delivery

USPS TRACKING# FARGO ND 581



24 NOV 2020 14:21

9590 9402 6143 0209 1396 66



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

NOV 27 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 E Boulevard Ave Dept. 408

0480

17 PU-20-383
Return receipt

Filed: 11/27/2020 Pages: 2

United States Postal Service

