

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. Addressee's name

Mary Stephenson
 Associate General Counsel
 Otter Tail Power Company
 215 S Cascade Street
 Fergus Falls, MN 56537
 Cert. No. 7020 1290 0001 6150 6114
 Case No. PU-20-447



9590 9402 6024 0069 3938 84

2.

7020 1290 0001 6150 6114

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X BN

- Agent
- Addressee

B. Received by (Printed Name)

OT COVID

C. Date of Delivery

1-25-21

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

3. Service Type

Priority Mail Express®

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Return receipt
United States Postal Service

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

USPS TRACKING #



9590 9402

United States
Postal Service

RECEIVED
JAN 29 2021

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

9

PU-20-447
Return receipt

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United States Postal Service

Postage & Fees Paid
No. G-10

Post Office Box

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

