

**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.

Cary Stephenson  
 Associate General Counsel  
 Cter Tail Power Company  
 215 S Cascade Street  
 Fergus Falls, MN 56537  
 Cert. No. 7020 1810 0000 0894 1717  
 PU-21-100

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X BN

- Agent
- Addressee

B. Received by (*Printed Name*)

CT Covid

C. Date of Delivery

5-10-21

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



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Return receipt  
United States Postal Service

9590 9402 6611 1020 1000 00

2.

7020 1810 0000 0894 1717

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

USPS TRACKING #



9590 9402 6611

United States  
Postal Service

MAY 13 2021

RECEIVED

8

PU-21-100  
Return receipt

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United States Postal Service

NORTH DAKOTA  
PUBLIC SERVICE COMMISSION

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

