

PU-22-19

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. Nikolai Kleven
 Rates Analyst, Regulatory Administration
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7020 1290 0000 1334 4550
 Case No. PU-22-19



9590 9402 7113 1251 6414 79

2. Article Number (Transfer from certificate)
 7020 1290 0000 1334 4550

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Chris Thompson

Agent

Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

4-4-22

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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 Return receipts (2)
 United States Postal Service

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 7113 1251 6414 79



RECEIVED

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

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

APR - 6 2022

NORTH DAKOTA
PUBLIC SERVICE COMMISSION
ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408

22

PU-22-19

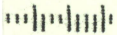
Filed: 4/6/2022

Pages: 4

i-0480

Return receipts (2)

United States Postal Service



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1
 Cary Stephenson
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7020 1290 0000 1334 4543
 Case No. PU-22-19



9590 9402 7113 1251 6414 86

2
 7020 1290 0000 1334 4543

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Thompson* Agent
 Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

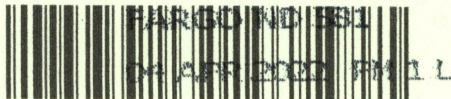
4-4-22

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



RECEIVED

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

9590 9402 7113 1251 6414 86

APR - 6 2022

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
5-0480

22

PU-22-19

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5-0480

Return receipts (2)

United States Postal Service

