

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. Article Addressed to:

Cary Stephenson
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7021 2720 0000 4438 6477
 Case No. PU-22-422



9590 9402 7733 2152 3285 59

2. Article Number (Transfer from service label)

7021 2720 0000 4438 6477

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X *Chris Thompson* Agent Addressee**B. Received by (Printed Name)***Chris Thompson***C. Date of Delivery**

2-13-23

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

9 PU-22-422 Filed 02/16/2023 Pages: 4
 Return receipts (2)
 United States Postal Service

3. Service Type

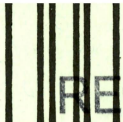
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



13 FEB 2023 PM 1 L



RECEIVED

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

9590 9402 7733 2152 3285 59

FEB 16 2023

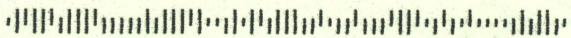
United States
Postal Service

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

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

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

048099



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1. Article Addressed to:

Mark Kinzler
 General Manager
 Dakota Valley Electric Cooperative, Inc.
 7296 Highway 281
 Edgeley, ND 58433-9503
 Cert. No. 7021 2720 0000 4438 6484
 Case No. PU-22-422



9590 9402 7733 2152 3285 42

2. Article Number (Transfer from service label)

7021 2720 0000 4438 6484

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Boni Kosel*

- Agent
- Addressee

B. Received by (Printed Name)

Boni Kosel

C. Date of Delivery

2-13-23

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 7733 2152 3285 42

United States
Postal Service

FEB 16 2023

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

NORTH DAKOTA

ND Public Service Commission

Attn: Public Utilities Division

600 E Boulevard Ave. Dent 408

9 PU-22-422 Filed: 2/16/2023 Pages: 4

Return receipts (2)

United States Postal Service

048099

