

**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.

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X** *Chris Thompson*  Agent  
 Addressee

**B. Received by (Printed Name)**

*Chris Thompson*

**C. Date of Delivery**

*3-17-23*

- 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

Cary Stephenson  
 Associate General Counsel  
 Otter Tail Power Company  
 PO Box 496  
 Fergus Falls, MN 56538-0496  
 Cert. No. 7021 2720 0000 4438 7108  
 Case No. PU-22-423



9590 9402 7733 2152 3285 97

**2. Article Number (Transfer from service label)**

*7021 2720 0000 4438 7108*

**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 97

MAR 21 2023

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

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PU-22-423

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Return receipt

United States Postal Service