

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.

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 6491
 Case No. PU-22-424



9590 9402 7733 2152 3285 35

2. Article Number (Transfer from service label)

7021 2720 0000 4438 6491

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Thompson*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

2-14-23

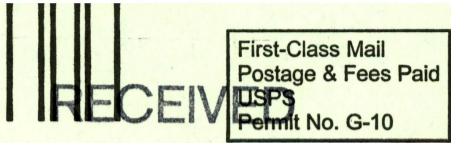
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

 9 PU-22-424 Filed 02/16/2023 Pages: 4
 Return receipts (2)
 United States Postal Service

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



9590 9402 7733 2152 3285 35

FEB 16 2023

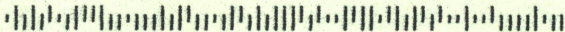
United States
Postal Service

• 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
Bismarck, ND 58505-0480

048099



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:

Marshal Albright
 President / CEO
 Cass County Electric Cooperative, Inc.
 3312 42nd St. S, Suite 200
 Fargo, ND 58104
 Cert. No. 7021 2720 0000 4438 6507
 Case No. PU-22-424



9590 9402 7733 2152 3285 28

2. Article Number (Transfer from service label)

7021 2720 0000 4438 6507

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Tanya Jacobson*

- Agent
 Addressee

B. Received by (Printed Name)

Tanya Jacobson

C. Date of Delivery

2-13-21

- 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 28

United States
Postal Service

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

FEB 16 2023

NORTH DAKOTA
ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408
9 PU-22-424 Filed: 2/16/2023 Pages: 4
Return receipts (2)
United States Postal Service

048099