

PU-22-429

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.

Cary Stephenson
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 7021 2720 0000 4438 7443
 Case No. PU-22-429

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
 X *Chris Thompson*
- B. Received by (Printed Name) C. Date of Delivery
Chris Thompson **3-30-23**
- 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



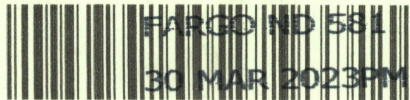
9590 9402 7987 2305 9072 41

2. Article Number (Transfer from service label)

7021 2720 0000 4438 7443

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - X 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 7987 2305 9072 41

APR - 3 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 108

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PU-22-429

Filed: 4/3/2023

Pages: 2

Return receipt

United States Postal Service