

PU-23-275

**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:

Matthew Olsen  
 Manager Reg. Strategy & Compliance  
 Otter Tail Power Company  
 215 South Cascade Street  
 Fergus Falls, MN 56538-0496



9590 9402 7987 2305 9057 28

2. Article Number (Transfer from service label)

7022 3330 0000 7993 4503

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

8 PU-23-275 Filed: 9/15/2023 Pages: 4  
 Return Receipt (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 #



RECEIVED

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

9590 9402 7987 2305 9057 28

SEP 15 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  
PUD Division  
600 E Boulevard Ave. Dept. 408  
Bismarck, ND 58505-0480

8

PU-23-275

Filed: 9/15/2023

Pages: 4

Return Receipt (2)



United States Postal Service

PU-23-275

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1. Article Addressed to:

Cary Stephenson  
 Associate General Counsel  
 Otter Tail Power Company  
 PO Box 496  
 Fergus Falls, MN 56538-0496



9590 9402 7987 2305 9057 11

2. Article Number (Transfer from service label)

7022 3330 0000 7993 4497

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Chris Thompson*  Addressee

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

C. Date of Delivery  
 7-12-23

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

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 #



RECEIVED

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

9590 9402 7987 2305 9057 11

SEP 15 2023

United States  
Postal Service

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

NORTH DAKOTA  
 ND ~~Public Service Commission~~  
 PUD Division  
 600 E Boulevard Ave. Dept. 408  
 Bismarck, ND 58505-0480

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