

PU-23-290

**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. 9589 0710 5270 1582 7536 57  
 Case No. PU-23-290



9590 9402 8147 3030 8110 46

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7536 57

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Chris Thompson

- Agent
- Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

11-13-23

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

**RECEIVED**

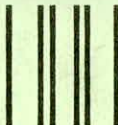
NOV 16 2023

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

NORTH DAKOTA PUBLIC SERVICE COMMISSION

USPS TRACKING#



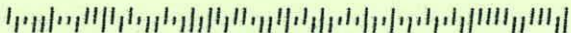
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 8147 3030 8110 46

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



PU-23-290

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1. Article Addressed to:

Svetlana Fedje  
 Pricing Analyst, Regulatory Economics  
 Otter Tail Power Company  
 PO Box 496  
 Fergus Falls, MN 56538-0496  
 Cert. No. 9589 0710 5270 1582 7536 64  
 Case No. PU-23-290



9590 9402 8147 3030 8110 39

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7536 64

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*x Chris Thompson*
- B. Received by (Printed Name)  Agent  
*Chris Thompson*
- C. Date of Delivery  Addressee  
*11-13-23*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

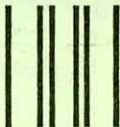
RECEIVED

NOV 16 2023

3. Service Type  Priority Mail Express®
- Adult Signature  Registered Mail™
- Adult Signature Restricted Delivery  Registered Mail Restricted Delivery
- Certified Mail  Signature Confirmation™
- Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery
- Collect on Delivery  Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery  Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

NORTH DAKOTA PUBLIC SERVICE COMMISSION

USPS TRACKING#



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

9590 9402 8147 3030 8110 39

United States  
Postal Service

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Attn: Public Utilities Division  
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Bismarck, ND 58505-0480

