W.23-340 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. ☐ Agent ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. Astiala Addressed to D. Is delivery address different from item 1? If YES, enter delivery address below: □ No Lauren Donofrio Senior Assoc. General Counsel - Regulatory 143 PU-23-342 Filed 01/10/2025 Pages: 1 Otter Tail Power Company Return Receipt PO Box 496 Fergus Falls, MN 56538-0496 United States Postal Service Cert. No. 9589 0710 5270 0129 6621 55 Case No. PU-23-342 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery Registered Mail Restricted Certified Mail® Delivery 9590 9402 8606 3244 9340 27 ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) Insured Mail Insured Mail Restricted Delivery 9589 0710 5270 0129 6621 58 (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt **USPS TRACKING#** First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 8606 3244 9340 27 **United States** Sender: Please print your name, address, and ZIP+4® in this box **Postal Service** ND Public Service Commission Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480