

PU-23-342

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:

Kavita Maini
KM Energy Consulting, LLC
961 North Lost Woods Road
Oconomowoc, WI 53066
Cert. No. 9589 0710 5270 2139 4600 42
Case No. PU-23-342



9590 9402 8970 4064 9742 19

2. Article Number (Transfer from service label)

9589 0710 5270 2139 4600 42

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

145 PU-23-342 Filed 01/16/2025 Pages: 2
Return Receipt (2)

United States Postal Service

3. Service Type

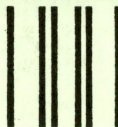
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 8970 4064 9742 19



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

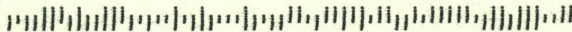
**United States
Postal Service**

• 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

RECEIVED
JAN 16 2025
NORTH DAKOTA
PUBLIC SERVICE COMMISSION

5-048009



PU-23-342

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1. Article Addressed to:

Jessica Fyhrie
 Manage Regulatory Proceedings
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 0129 6621 62
 Case No. PU-23-342



9590 9402 8606 3244 9340 10

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6621 62

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jess Fyhrie

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Jess Fyhrie

1/14/25

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 #



FARGO ND 581

14 JAN 2025 PM 1 L

9590 9402 8606 3244 9340 10



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

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

RECEIVED

JAN 16 2025

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION

