

PU-24-76

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:

Lauren Donofrio
 Senior Associate General Counsel – Regulatory
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 0129 6615 85
 Case No. PU-24-76



9590 9402 8606 3244 9341 26

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6615 85

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Chris Thompson* Agent Addressee

B. Received by (Printed Name) *Chris Thompson* C. Date of Delivery *5-30-24*

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

18 PU-24-76 Filed 06/03/2024 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

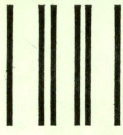
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8606 3244 9341 26



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

United States Postal Service

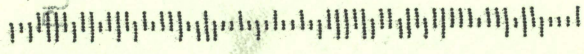
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

JUN 3 2024

NORTH DAKOTA PUBLIC SERVICE COMMISSION

ND Public Service Commission
 Attn: Public Utilities Division
 600 E Boulevard Ave. Dept. 408
 Bismarck, ND 58505-0480



PU-24-76

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1. Article Addressed to:

Svetlana Fedje
 Pricing Analyst
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 0129 6615 92
 Case No. PU-24-76



9590 9402 8606 3244 9341 19

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6615 92

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Thompson* Agent
 Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

5-20-24

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

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 8606 3244 9341 19



First-Class Mail
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 USPS
 Permit No. G-10

United States Postal Service

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