

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:

Svetlana Fedje
 Pricing Analyst
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 1582 7558 42
 Case No. PU-24-76



9590 9402 8606 3244 9349 97

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7558 42

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Chris Thompson Agent Addressee

B. Received by (Printed Name) Chris Thompson C. Date of Delivery 3-11-24

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

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

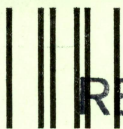
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 8606 3244 9349 97



RECEIVED

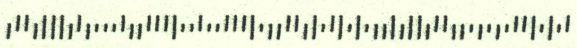
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

MAR 14 2024

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



PU-24-76

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Lauren Donofrio
 Senior Associate General Counsel – Regulatory
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 1582 7558 35
 Case No. PU-24-76



9590 9402 8606 3244 9350 00

2. Article Number (Transfer from service label)
 9589 0710 5270 1582 7558 35

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *CL*
Chris Thompson 3-11-24

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

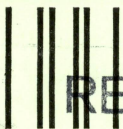
3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> 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) | |

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

USPS TRACKING#



9590 9402 8606 3244 9350 00



RECEIVED

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

MAR 14 2024

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

