

PU-24-91

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.

Matthew Olsen
 Mgr. Regulatory Strategy & Compliance
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 1582 7538 93
 Case No. PU-24-91



9590 9402 8147 3030 8108 03

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7538 93

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X Chris Thompson

B. Received by (Printed Name)
 Chris Thompson

C. Date of Delivery
 4-3-24

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

9 PU-24-91 Filed 04/09/2024 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 8147 3030 8108 03



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

United States Postal Service

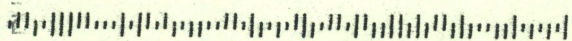
RECEIVED

APR 9 2024

NORTH DAKOTA

• 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-24-91

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1. Article Addressed to:

Robert Endris
 Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 1582 7539 16
 Case No. PU-24-91



9590 9402 8147 3030 8107 80

2. Article Number (Transfer from service label)

9589 0710 5270 1582 7539 16

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Chris Thompson

B. Received by (Printed Name) C. Date of Delivery
 Chris Thompson 4-3-24

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3. Service Type
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 - 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#



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 Postage & Fees Paid
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