

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.

1.

Matthew Olsen
Mgr. Regulatory Strategy & Compliance
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
Cert. No. 9589 0710 5270 0129 6619 74
Case No. PU-24-91



9590 9402 8606 3244 9336 93

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6619 74

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Thompson* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

11-29-24

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

26 PU-24-91 Filed 12/03/2024 Pages: 2
Return Receipt (2)

United States Postal Service

3. Service Type

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

USPS TRACKING #



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

9590 9402 8606 3244 9336 93

**United States
Postal Service**

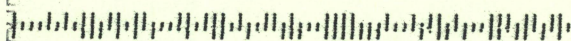
RECEIVED

DEC 3 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.

Robert Endris
Associate General Counsel
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
Cert. No. 9589 0710 5270 0129 6619 81
Case No. PU-24-91



9590 9402 8606 3244 9336 86

2. Article Number (Transfer from service label)

9589 0710 5270 0129 6619 81

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Thompson*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Chris Thompson

C. Date of Delivery

11-29-24

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

USPS TRACKING #



9590 9402 8606 3244 9336 86

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

**United States
Postal Service**

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

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DEC 3 2024

NORTH DAKOTA

SERVICE COMMISSION

