Pu -24-91 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3, X Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. -25-76 or on the front if space permits. 1_ Article Addressed to D. Is delivery address different from item 1? If YES, enter delivery address below: П Но Steven J. Leibel 42 PU-24-91 Filed 06/27/2025 Knoll Leibel LLP Return Receipt(4) PO Box 858 Bismarck, ND 58502-0858 United States Postal Service Cert. No. 9589 0710 5270 2139 4602 71 Case No. PU-24-91 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery 9590 9402 8970 4064 9740 73 ☐ Signature Confirmation □ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery 9589 0710 5270 2139 4602 71 (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 **Domestic Return Receipt** USPS TRACKING #



First-Class Mail Postage & Fees Paid

Permit No. G-10

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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

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Travis Jacobson Director, Regulatory Affairs Montana-Dakota Utilities Co. O North 4th Street Bismarck, ND 58501 Ort. No. 9589 0710 5270 2139 5698 82	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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Pu-24-91 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Themasin Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: T No Matthew Olsen Mar. Regulatory Strategy & Compliance-Otter Tail Power Company PO Box 496 Fergus Falls, MN 56538-0496 Cert. No. 9589 0710 5270 2139 5698 99 Case No. PU-24-91 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ 9590 9402 8970 4064 9739 91 □ Signature Confirmation ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) Insured Mail ☐ Insured Mail Restricted Delivery 9589 04105240 2139 5698 99 (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt **USPS TRACKING#** First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 8970 4064 9739 91 **United States** Sender: Please print your name, address, and ZIP+4® in this box Postal Service ND Public Service Commission RECEIVED Attn: Public Utilities Division 600 E Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480 S

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1. Article Addressed to.	If YES, enter delivery address below		
Robert Endris Associate General Counsel			
Otter Tail Power Company			
PO Box 496 Fergus Falls, MN 56538-0496			
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