

PU-24-390

**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:**

Emily Ketelsen  
 Rates Analyst – Regulatory Economics  
 Otter Tail Power Company  
 215 S Cascade Street  
 Fergus Falls, MN 56538-0496  
 Cert. No. 9589 0710 5270 2139 5696 53  
 Case No. PU-24-390



9590 9402 8970 4064 9736 70

**2. Article Number (Transfer from service label)**

9589 0710 5270 2139 5696 53

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 S-23-25

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

18 PU-24-390 Filed 05/28/2025 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

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 8970 4064 9736 70



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

**United States Postal Service**

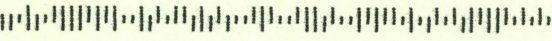
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

MAY 28 2025

NORTH DAKOTA PUBLIC SERVICE COMMISSION



PU-24-390

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**1. Article Addressed to:**

Lauren Donofrio  
 Senior Associate Counsel – Regulatory  
 Otter Tail Power Company  
 PO Box 496  
 Fergus Falls, MN 56538-0496  
 Cert. No. 9589 0710 5270 2139 5696 46  
 Case No. PU-24-390



9590 9402 8970 4064 9736 87

**2. Article Number (Transfer from service label)**

9589 0710 5270 2139 5696 46

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*Thomas Dickey*

- Agent
- Addressee

**B. Received by (Printed Name)**

Thomas Dickey

**C. Date of Delivery**

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

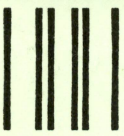
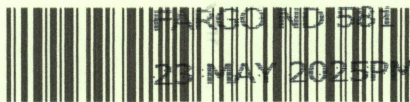
If YES, enter delivery address below:  No

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- Adult Signature Restricted Delivery
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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

Domestic Return Receipt

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