

PU-25-148

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:

Cary Stephenson
Associate General Counsel
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
Cert. No. 9589 0710 5270 2139 5693 25
Case No. PU-25-148



9590 9402 8970 4064 9743 70

2. Article Number (Transfer from service label)

9589 0710 5270 2139 5693 25

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chris Taylor*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Chris Taylor

C. Date of Delivery

7-7-26

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

4 PU-25-148 Filed 07/09/2025 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 9743 70



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

United States
Postal Service

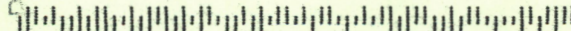
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

JUL 9 2025

NORTH DAKOTA



PU-25-148

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1. Article Addressed to:

Travis Jacobson
Director Regulatory Affairs
Montana-Dakota Utilities Co.
400 North 4th Street
Bismarck, ND 58501
Cert. No. 9589 0710 5270 2139 5693 32
Case No. PU-25-148



9590 9402 8970 4064 9743 87

2. Article Number (Transfer from service label)

9589 0710 5270 2139 5693 32

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Domestic Return Receipt

USPS TRACKING#

BISMARCK ND 585

8 JUL 2025 AM 1 L



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

9590 9402 8970 4064 9743 87

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

JUL 9 2025

NORTH DAKOTA

PUBLIC SERVICE COMMISSION