

PU-25-226

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:

Lauren Donofrio
 Senior Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 2708 2380 27
 Case No. PU-25-226



9590 9402 9542 5121 0531 97

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2380 27

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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

Agent
 Addressee

C. Date of Delivery
1-12-26

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

16 PU-25-226 Filed 01/14/2026 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

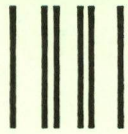
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 9542 5121 0531 97



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•

RECEIVED

JAN 14 2026

NORTH DAKOTA
SERVICE CENTER

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



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1. Article Addressed to:

Paula Foster
 Supervisor, Regulatory Analysis
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 2708 2380 41
 Case No. PU-25-226



2. Article Number (transfer from service label)

9589 0710 5270 2708 2380 41

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *CWT* Agent
 Addressee

B. Received by (Printed Name)

CWT

C. Date of Delivery

1-12-26

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

3. Service Type

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- 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

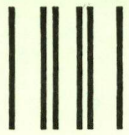
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 9542 5121 0531 73



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 Bismarck, ND 58505-0480

