

PU-26-94

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.

Erik Wallevand
 Legal Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 2708 2402 28
 Case No. PU-26-94



9590 9402 9639 5199 3471 62

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2402 28

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *CWT*

- Agent
- Addressee

B. Received by (Printed Name)

CWT

C. Date of Delivery

4-20-26

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

9 PU-26-94 Filed 04/23/2026 Pages: 3
Return Receipt (3)

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 9639 5199 3471 62



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

United States Postal Service

RECEIVED

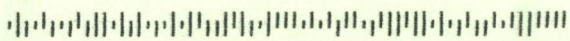
APR 23 2026

NORTH DAKOTA

PUBLIC SERVICE COMMISSION

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-26-94

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.

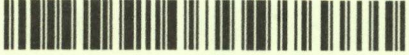
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 CWT Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
CWT 4-20-26

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

1. Addressee for
 Lauren Donofrio
 Senior Associate General Counsel
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 2708 2402 35
 Case No. PU-26-94



9590 9402 9639 5199 3471 55

2. Article Number (Transfer from service label)
 9589 0710 5270 2708 2402 35

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 9639 5199 3471 55



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

**United States
 Postal Service**

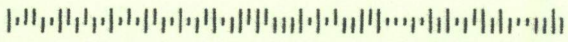
• Sender: Please print your name, address, and ZIP+4® in this box•

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

RECEIVED

APR 23 2026

NORTH DAKOTA
 PUBLIC SERVICE COMMISSION



PU-26-94

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:

Christopher Waltz
 Mgr. Sales & Economic Development
 Otter Tail Power Company
 PO Box 496
 Fergus Falls, MN 56538-0496
 Cert. No. 9589 0710 5270 2708 2402 42
 Case No. PU-26-94



9590 9402 9639 5199 3471 48

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2402 42

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X CWT

- Agent
- Addressee

B. Received by (Printed Name)

CWT

C. Date of Delivery

4-20-26

- 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

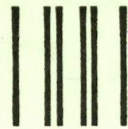
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 9639 5199 3471 48



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

APR 23 2026

NORTH DAKOTA PUBLIC SERVICE COMMISSION

