

PU-26-215

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 2385 84
Case No. PU-26-215



9590 9402 9511 5069 7944 28

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2385 84

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

8-5-26

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

If YES, enter delivery address below: ☐ No

7 PU-26-215 Filed 08/07/2026 Pages: 2
Return Receipt (2)

United States Postal Service

3. Service Type

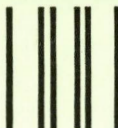
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 9511 5069 7944 28



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

**United States
Postal Service**

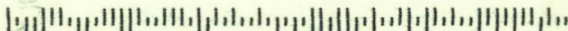
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

AUG 7 2026

NORTH DAKOTA
PUBLIC SERVICE COMMISSION



PU-26-216

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1. Article Addressed to:

Amber Greiner
Manager, Regulatory Economics
Otter Tail Power Company
PO Box 496
Fergus Falls, MN 56538-0496
Cert. No. 9589 0710 5270 2708 2385 91
Case No. PU-26-215



9590 9402 9511 5069 7944 11

2. Article Number (Transfer from service label)

9589 0710 5270 2708 2385 91

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

8-5-26

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 9511 5069 7944 11



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

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ORTH DAKOTA
PUBLIC SERVICE COMMISSION

