

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Otter Tail Corporation		07/01/2009	CORPORATION: MINNESOTA
RECEIVING PARTY DATA			
Name:	Otter Tail Power Company		
Street Address:	215 South Cascade Street		
City:	Fergus Falls		
State/Country:	MINNESOTA		
Postal Code:	56538-0496		
Entity Type:	CORPORATION: MINNESOTA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	2639429		
Registration Number:	2635163		
Registration Number:	2727971	TAIL WINDS	
Registration Number:	3051282		
CORRESPONDENCE DATA			
Fax Number:	(612)340-8856		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	612-492-6863		
Email:	ip.docket@dorsey.com		
Correspondent Name:	Kari B. Frank		
Address Line 1:	50 South Sixth Street		
Address Line 2:	Suite 1500		
Address Line 4:	Minneapolis, MINNESOTA 55402-1498		
ATTORNEY DOCKET NUMBER:	13,340		
NAME OF SUBMITTER:	Kari B. Frank		

CH \$115.00 2639429

Signature:	/Kari B. Frank/
Date:	07/13/2009
Total Attachments: 1 source=MN Certificate of Name Change OTC to Otter Tail Power Company-v1#page1.tif	

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF NAME CHANGE

I, Mark Ritchie, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: The entity listed below has filed a name change with this office changing the name on the date listed below and that the entity has complied with the relevant laws of Minnesota with respect to that filing.

Old Name: Otter Tail Corporation

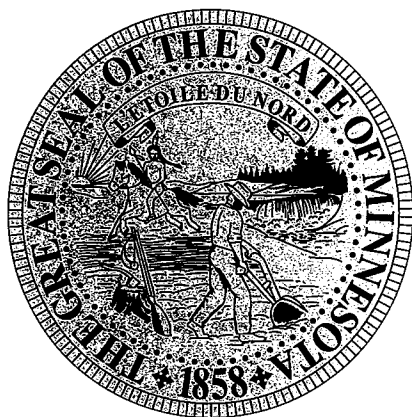
New Name: Otter Tail Power Company

Date Name Change was filed: 06/30/2009 effective 07/01/2009

Chapter Governed By: 302A

Formed Under the Laws of: Minnesota

This Certificate was issued on: June 30, 2009



Mark Ritchie
Secretary of State.