

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Loewenberg Technologies
 Bruce Loewenberg
 1000 E. Benson
 Sioux Falls SD 57104

2. Article (Transit)

PS Form

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: No

RECEIVED

MAY 05 2010

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

22595-02-M-1540

7007 0710 0000 8015 1038

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

CIV 10-651

Sent To Loewenberg Technologies
 Street, Apt. No., or PO Box No. 1000 E. Benson
 City, State, ZIP+4 Sioux Falls SD 57104

PS Form 3800, August 2006

See Reverse for Instructions