

7007 0710 0000 8014 9967

U.S. Postal Service TM
CERTIFIED MAIL TM 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	\$

RECEIVED

JUN 29 2012
Post Office Here

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Sent To

Dan Braaten

PS Form 3800, August 2006 See Reverse for Instructions

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:

Dan Braaten
5650 160th Ave SE
Kindred ND 58051

2. Article Number
(Transfer from service label)

7007 0710 0000 8014 9967

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *M Braaten* Agent Addressee

B. Received by (Printed Name)
M BRAATEN

C. Date of Delivery
7/2/12

D. Is delivery restricted to this item? Yes
If YES, enter delivery address below: No

RECEIVED
JUL 05 2012
SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes