

7007 0710 0000 8015 2530

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

RECEIVED

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

JUN 29 2012 Postmark Here

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Sent To

Chad Brusseau

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:

Chad Brusseau
10790 39th St SW
Dickinson ND 58601

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Carol Brusseau* Agent Addressee

B. Received by (Printed Name)

Carol Brusseau

C. Date of Delivery

07.02.12

D. Is delivery address the same as item 1? Yes
If YES, enter delivery address below: No

RECEIVED
JUL 09 2012

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

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Domestic Return Receipt

102595-02-M-1540