

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   | \$ | <b>RECEIVED</b><br>JUN 29 2012<br>Postmark<br>here |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |
| Total Postage & Fees                              | \$ | <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b>    |

Jim Fitzwater

PS Form 3800, August 2006

See Reverse for Instructions

7007 0710 0000 8015 1151

**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:

Jim Fitzwater  
 204 E. Anderson  
 Brookeville KS 67425

2. Article Number:  
 (Transfer from service label)

7007 0710 0000 8015 1151

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Jim Fitzwater*

B. Received by (Printed Name)  Agent  Addressee  
 BARBARA FITZWATER

C. Date of Delivery  
 JUL 09 2012

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

**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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540