

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	<b>RECEIVED</b> JUN 20 2012 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Ronald Goldade

PS Form 3600, 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:

Ronald Goldade  
 HCR 64, Box 50  
 Timber Lake SD 57656

2. Article Number

(Transfer from service label)

7007 0710 0000 8015 1168

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Ronald Goldade* **BER**  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. **RECEIVED** Different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540