

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	\$

RECEIVED
 JUN 29 2012
 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

John Koskan

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:

John Koskan
 26131 28th Ave
 Wood SD 57585

2. Article Number

(Transfer from service label)

7007 0710 0000 8014 9806

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Koskan* Agent Addressee

B. Received by (Printed Name)

Verna

C. Date of Delivery

7/6/12

- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

RECEIVED
 JUL 09 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