

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com[®]

OFFICIAL USE

Postage	\$	RECEIVED JUN 29 2012 Mark Here SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Dan & Paula Pfeifle

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0000 8015 0611

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 & Paula Pfeifle
 418 Ave E
 Napoleon ND 58561

2. Article Number
 (Transfer from service label)

7007 0710 0000 8015 0611

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Dan Pfeifle Addressee

B. Received by (Printed Name) Date of Delivery
Dan Pfeifle **RECEIVED** 7-9-12

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

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