

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

RECEIVED

Postmark
JUN 29th 2012

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

Sent To

Laurel & Gene Reinbold

PS Form 3800, August 2006

7007 0710 0000 8015 0604

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:

Laurel & Gene Reinbold
 HC 64 Box 20
 Timber Lake, SD 57656

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Laurel Reinbold

Agent
 Addressee

B. Received by (Printed Name)

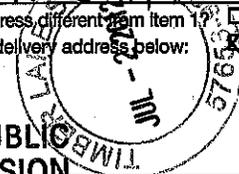
Laurel Reinbold

C. Date of Delivery

7-2-12

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

JUL 05 2012



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7007 0710 0000 8015 0604

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549