

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

JUN 29 2012

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

Gary Wilson

PS Form 3800, August 2006

See Reverse for Instructions

7007 0710 0000 8015 0459

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:

Gary Wilson
 1148 S Lake Drive
 Watertown SD 57201

2. Article Number
 (Transfer from service label)

7007 0710 0000 8015 0459

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kathryn Wilson 7/2/12

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

RECEIVED
 JUL 03 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