

**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:

MS CHERYL SEPMOREE  
 ZTAR MOBILE INC  
 18 VILLAGE LANE SUITE 250  
 COLLEYVILLE TX 76034

TC10-007

2. Article Number  
(Transfer from service label)

7007 0710 0000 8015 0925

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Cheryl Sepmoree*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-25

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

JAN 28 2010

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