

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7007 0710 0000 8014 8625

OFFICIAL USE

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

RECEIVED

Postman
here
JAN 09 2013

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Sent To **Hawk Relay LLC**

Street, Apt. No., or PO Box No.

City, State, ZIP+4

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.

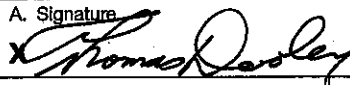
1. Article Addressed to:

Hawk Relay, LLC
 Samuel Hawk
 1900 JFK Blvd #1801
 Philadelphia, PA 19103

2. Article Number
 (Transfer from service label)

7007 0710 0000 8014 8625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee

B. Received by (Printed Name) **Thomas Dooley** C. Date of Delivery **JAN 22 2013**

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

RECEIVED

JAN 22 2013

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