

**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:

Main Street Telephone Company  
 Thomas Glynn  
 PO Box 365  
 Chester Hts, PA 19017-0365

2. Article Number:  
 (Transfer from service label)

7007 0710 0000 8014 8755

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/4/13

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

**RECEIVED**  
 FEB 08 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7007 0710 0000 8014 8755

U.S. Postal Service <sup>TM</sup>

**CERTIFIED MAIL <sup>TM</sup> RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$

**RECEIVED**

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)

Total Postage & Fees \$

JAN 31 2013

Postmark  
 Here

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION**

Sent To

*Main Street Telephone*

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions