

7005 3110 0000 3560 5820

U.S. Postal Service
CERTIFIED MAIL 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	\$

Postmark
Here

Sent to
Mr. Gary Loudner
 Street, Apt. No.,
 or PO Box No. *P.O. Box 204*
 City, State, ZIP+4
Black Hawk, ND 57718-0204

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:
Mr. Gary Loudner
P.O. Box 204
Black Hawk, SD
57718-0204

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Gary Loudner Addressee

B. Received by (Printed Name)
GARY LOUDNER

C. Date of Delivery
8 Oct 08

D. Is delivery address correct? Yes No
 If YES, enter delivery address below: No

RECEIVED
OCT 09 2008
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

2. Article Number (Transfer from service label) **7005 3110 0000 3560 5820**