

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	\$	<b>RECEIVED</b>  JUN 29 2012 <small>Postmark Here</small>  <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Street or P.O. City, State, ZIP+4<sup>®</sup>

Michael Faul

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:

Michael Faul  
 1580 9th Ave NE  
 McClusky ND 58463

2. Article Number  
 (Transfer from service label)

7007 0710 0000 8015 0406

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *John Faul*

B. Received by (Printed Name) C. Date of Delivery  
 John Faul

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

JUL 05 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540