

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

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OFFICIAL USE

940 5108 0000 0210 0200 7007 0710 0000 8015 0468

Postage	\$	RECEIVED JUN 29 2012 Postmark here SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
City, State, ZIP+4 Craig Gehring City, State, ZIP+4		
PS Form 3800, August 2006		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Craig Gehring</i> <input type="checkbox"/> Address see</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery 7-5-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No JUL 09 2012</p> <p>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> Craig Gehring 10402 245th Ave. McIntosh SD 57641-7500 </div>	
<p>2. Article Number: (Transfer from service label)</p>	7007 0710 0000 8015 0468
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	