

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 \$

**RECEIVED**  
 JUN 29 2012  
 Here  
**SOUTH DAKOTA PUBLIC  
 UTILITIES COMMISSION**

Harrold Terminal

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:

Harrold Terminal  
 PO Box 66  
 Harrold SD 57536

2. Article Number  
 (Transfer from service label)

7007 0710 0000 8014 9875

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Ann M Peacock  Agent  
 Addressee

B. Received by (Printed Name)  
 Ann M Peacock

C. Date of Delivery  
 7/5/12

Delivery address different from item 1?  Yes  
 No  
 If Yes, enter delivery address below:

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