

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

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

**OFFICIAL USE**

7007 0710 0000 8014 9790

Postage \$

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)

Total Postage & Fees \$

**RECEIVED**  
 Postmark  
 Here

**JUN 29 2012**

**SOUTH DAKOTA PUBLIC  
 UTILITIES COMMISSION**

Quentin Larson

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:

Quentin Larson  
 29554 113th St  
 Pollock SD, 57648

2. Article Number  
 (Transfer from service label)

7007 0710 0000 8014 9790

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *John Larson*  Agent  
 Addressee

B. Received by (Printed Name)

Joshua Larson  Yes  
 7-2-12  No

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

**JUL 05 2012**

**SOUTH DAKOTA PU  
 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