

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

Sent To

Kyle & Dustin Mathiason

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0000 8015 0772

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Dustin Mathiason</i></p>	
	B. Received by (Printed Name)	C. Date of Delivery
	<i>Dustin Mathiason</i>	<i>7-12-12</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter address below: <input type="checkbox"/> No	
Kyle & Dustin Mathiason PO Box 128 Fallon MT 59326	<b>RECEIVED</b> <b>JUL 16 2012</b> <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b>	
	3. Service Type	
	<input checked="" 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service)	7007 0710 0000 8015 0772	