

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$

RECEIVED

JUN 29 2012
 Here

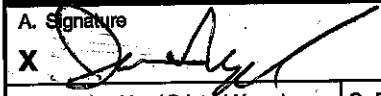
**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

Jason Nagle

PS Form 3800, August 2006

See Reverse for Instructions

7007 0710 0000 8015 0710

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. 	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Jason Nagle	C. Date of Delivery 07/02/12
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Jason Nagle 15627 316th Ave Gettysburg SD 57442 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, list delivery address below: <input type="checkbox"/> No <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 03 2012</p> <p style="text-align: center;">SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</p>	
2. Article Number (Transfer from service label)	7007 0710 0000 8015 0710	
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	