

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
 SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION

Sent To

Dallas Schott, Corson County Feeders

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:

Dallas Schott, Corson County Feeders
 PO Box 560
 McLaughlin SD 57642

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *X Hope Maher* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Hope Maher* C. Date of Delivery *7-2-12*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

RECEIVED
 JUL 05 2012

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

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) ☐ Yes

2. Article Number

(Transfer from service label)

7007 0710 0000 8015 0550

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540