

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 <i>Heidi Steichen</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Heidi Steichen	C. Date of Delivery 7-5-12
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Steichen Farms 320 22nd Ave NE Goodrich ND 58444 </div>	D. Is this item different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No RECEIVED JUL 09 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) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 0710 0000 8015 0390	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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 Postmark JUN 29 2012 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Sent To Steichen Farms	
PS Form 3800, August 2006 See Reverse for Instructions	