

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**

7007 0710 0000 8015 0482

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

Postmark  
**JUN 29 2012**

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION**

Tom Young

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.

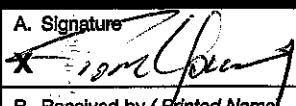
1. Article Addressed to:

Tom Young  
 PO Box 424  
 Onida SD 57565

2. Article Number  
*(Transfer from service label)*

7007 0710 0000 8015 0482

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

**RECEIVED**  
**JUL 05 2012**  
**SOUTH DAKOTA PUBLIC 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