

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:

Gary Akkerman
19848 Hwy 25
DeSmet, SD 57231

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 6458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gary Akkerman

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Gary Akkerman

C. Date of Delivery

7/22

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

JUL 24 2017

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

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	\$

Postmark Here

Sent To: Gary Akkerman
Street, Apt. No., or PO Box No.
City, State, ZIP+4 DeSmet

PS Form 3800, August 2006 See Reverse for Instructions