

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>Susan Albrecht</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Susan Albrecht</i></p> <p>C. Date of Delivery  <i>7/22/17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Brad Albrecht</i>  <i>45484 207th St</i>  <i>Arlington, SD 57212</i></p>		<p><b>RECEIVED</b>  <b>JUL 24 2017</b>  <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b></p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>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.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7011 3500 0000 2765 6472</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0000 2765 6472

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <i>Brad Albrecht</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4 <i>Arlington</i>	
PS Form 3800, August 2006 See Reverse for Instructions	