

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  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 5px;">X</span> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <div style="display: flex; justify-content: space-between;"> <span>Greg Albrecht</span> <span>7/25/17</span> </div> </p> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If YES, enter delivery address below: </p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 20px;">Greg Albrecht  21692 435th Ave  De Smet, SD 57231</p>	<div style="text-align: center; font-weight: bold; font-size: 1.5em; margin-bottom: 10px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-bottom: 10px;">JUL 25 2017</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em; margin-bottom: 10px;">SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</div> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p>2. Article Number <span style="float: right;">7011 3500 0000 2765 6489</span></p> <p style="font-size: 0.8em;">(Transfer from service lab)</p>	
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, February 2004</span> <span>Domestic Return Receipt</span> <span>102595-02-M-1540</span> </div>	

7011 3500 0000 2765 6489

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To Greg Albrecht

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4 De Smet

PS Form 3800, August 2006
See Reverse for Instructions