

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>		A. Signature X <i>Rhona Albrecht</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <i>Jon Albrecht</i> <i>22286 Hwy 25</i> <i>Howard, SD 57349</i>		B. Received by (Printed Name) <i>Rhona Albrecht</i> C. Date of Delivery <i>7/24/17</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No	
		<b>RECEIVED</b> <b>JUL 25 2017</b> <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b>	
		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7011 3500 0000 2765 6519	

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

7011 3500 0000 2765 6519

**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 *Jon Albrecht*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4 *Howard*

PS Form 3800, August 2006
See Reverse for Instructions