Return Service Requested





7011 3500 0000 2765 6557

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AUG 1 4 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

GREG BICH 20641 409TH AVE CAVOUR, SD F7224

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0008/10/:

RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

HNC 573243566A 57003 RC: 57581588799 *0935-02434-21յեւթյուններ Միիլ Միոլիսիս Մեկ Միր Մեկ Միրիլի Մի

6557	U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com			
65	OFFICIAL USE			
276	Postage	\$		
0000	Certified Fee Return Receipt Fee (Enilorsement Required)		Postmark Here	
500	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	6		
7071 3	Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, August 2:	Bich	ee Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: Greg Bill 20641 4097 Au	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Cavour, 8D 57324	3. Service Type Certified Mail
Article Number (Transfer from service label, 7011 35	4. Restricted Delivery? (Extra Fee)
PS Form 3811 February 2004	tic Return Receipt 102595-02-M-1540