

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|---------------------------------------|
| <ul style="list-style-type: none"> 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 <i>Allen Christensen</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: <i>Allen Christensen</i> <i>21056 450th Ave</i> <i>Arlington, SD</i> <i>57212</i> | | B. Received by (Printed Name) | C. Date of Delivery <i>7.22.17</i> |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |
| | | RECEIVED JUL 25 2017 SOUTH DAKOTA UTILITIES CO | |
| | | 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. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | | 7011 3500 0000 2765 6649 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

| 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 \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |
| Sent To <i>Allen Christensen</i> | |
| Street, Apt. No., or PO Box No. | |
| City, State, ZIP+4 <i>Arlington</i> | |
| PS Form 3800, August 2006 See Reverse for Instructions | |