

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. 	<p>A. Signature X Lynne Van Groothuysen <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) Lynne Van Groothuysen </p> <p>C. Date of Delivery 7-26-17 </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> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 28 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION </div>						
<p>1. Article Addressed to:</p> <div style="font-family: cursive; color: blue; font-size: 1.2em; padding-top: 10px;"> Dakota Acres II 1711 6th St Hull, IA 51239 </div>	<p>3. Service type</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>	<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.
<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>2. Article Number <i>(Transfer from service label)</i> </p> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.9em; color: blue;"> 7011 3500 0000 2765 6687 </div>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						

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

7011 3500 0000 2765 6687

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 <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage & Fees	\$	

Sent To Dakota Acres II

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

City, State, ZIP+4 Hull, IA

PS Form 3800, August 2006
See Reverse for Instructions