

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jim Eckert
46116 195th St
Estelline, SD
57234

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 6724

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim Eckert*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

James Eckert

C. Date of Delivery

7-26-17

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below ☒ No

RECEIVED
JUL 28 2017

SOUTH DAKOTA PUBLIC

3. Service

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

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

City, State, ZIP+4

Jim Eckert

Estelline

PS Form 3800, August 2006

See Reverse for Instructions

7011 3500 0000 2765 6724