

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>X Stewart Friedrichsen</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Stewart Friedrichsen 40752 205th St Huron, SD 57350		B. Received by (Printed Name) Stewart Friedrichsen	
		C. Date of Delivery 7/22/17	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		<div style="text-align: center;"> RECEIVED JUL 25 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION </div>	
		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)		7006 0100 0006 6762 5266	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7006 0100 0006 6762 5266

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 *Stewart Friedrichsen*
Street, Apt. No.;
or PO Box No.
City, State, ZIP+4 *Huron*

PS Form 3800, June 2002
See Reverse for Instructions