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 A. Signature A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Nature) C. Date of Delivery D. Is delivery address different from item 12 Yes		
1. Article Addressed to: Jason Gruenhagen PO Box 210	JUL 3 1 2017		
De Smet, 8D	3. Service TypeTILITIES COMMISSION Certified Mail		
57231	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Transfer from service label) 7 0 7 0 7 10	0000 8014 8724		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

유구르바	U.S. Postal Service TEM CERTIFIED MAIL TEM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
87	For delivery information visit our website at www.usps.com			
#	Ort	IGIAL	USE	
0710 0000 8014	Postage Certified Fee	\$	3	
	Return Receipt Fee (Endorsement Required)		Postmark Here	
1.	Restricted Delivery Fee (Endorsement Required)			
2	Total Postage & Fees	\$		
7007	Sent To U.San Aruenhough. Street, Apt. No.; or PO Box No. City, State, ZIP+4 Do Small			
	PS Form 3800, August 2006 See Reverse for Instru			