

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Jerry Gruenhagen</i> <i>526 Hwy 25 S</i> <i>DeSmet, SD</i> <i>57231</i>		B. Received by (Printed Name) <i>Jeff Brown</i> C. Date of Delivery <i>7/25</i> D. Is delivery address different from the one above? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No	
		<div style="text-align: center;"> RECEIVED JUL 26 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION </div>	
2. Article Number (Transfer from service label)		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			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service TM	
CERTIFIED MAIL TM 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 <i>Jerry Gruenhagen</i> Street, Apt. No., or PO Box No. City, State, ZIP+4 <i>DeSmet</i>	
PS Form 3800, August 2006 See Reverse for Instructions	