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.  1. Article Addressed to:  Jensen  20078 444th Ave	A. Signature  X  B. Received by Printed Name)  C. Date of Delivery  7-22-17  D. Is delivery address different from tem 1? Yes  If YES, enter delivery address below:  No  JUL 2 4 2017  SOUTH DAKOTA PUBLIC UTILITIES COMMISSION		
Lake Preston, SD 57249	3. Service Type  Certified Mail		
2. Article Number 7007 0710	0000 8014 9066		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

9906			
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4	OFFICIAL USE		
8014	Postage	\$ -	
	Certified Fee	-	S
0000	Return Receipt Fee (Endorsement Required)	,	Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
0770	Total Postage & Fees	\$	
7007	Street, Apt. No.; or PO Box No.	~ denser	
	City, State, ZIP+4	cereste	
	PS Form 3800, August 2006 See Reverse for Instructions		