

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Carol Olsen</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:</p> <p><i>Ron Jeske</i></p> <p><i>20327 441st Ave</i></p> <p><i>Lake Preston, SD</i></p> <p><i>57249</i></p>		<p>B. Received by (Printed Name)  <i>Carol Olsen</i></p> <p>C. Date of Delivery  <i>7-24-17</i></p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><b>RECEIVED</b>  <b>JUL 24 2017</b>  <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b></p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7011 3500 0000 2765 6977</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <i>Ron Jeske 20 Franklin Ave</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4 <i>Lake Preston</i></p>	
PS Form 3800, August 2006 See Reverse for Instructions	