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 X	
1. Article Addressed to:	D. Is delivery address different from item 1?	
16 Family Farms	RECEIVED	
	3. Service TOUTH DAKOTA PUBLIC Scertified Mail IES COMMISSION Registered Return Receipt for Merchandise Insured Mail C.O.D.	
526 Hwy 25 3 De Smet 80		
57231	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7007 0710 0000 8014 9714		
PS Form 3811, February 2004 Domestic Re		

9774	CERTIFIED (Domestic Mail O	i. Postal Service TM RTIFIED MAIL TM RECEIPT THE MAIL Only; No Insurance Coverage Provided)		
	For delivery information visit our website at www.usps.com			
0710 0000 8014	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$	Postmark Here	
7007	Street, Apt. No., or PO Box No. City, State, ZIP+4	mily for then had	See Reverse for Instructions	