

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>Diane Johnson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Daryl & Diane Johnson</i> <i>Revocable Trust</i> <i>20071 445th Ave</i> <i>Lake Preston, SD</i> <i>57249</i>		B. Received by (Printed Name) <i>Diane Johnson</i>	C. Date of Delivery <i>7-24-17</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from that on the label? If YES, enter delivery address below <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED JUL 25 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION	
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		7007 0710 0000 8014 9103	

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