

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Craig Kjellson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Craig Kjellson</i>  <i>45500 US Hwy 14</i>  <i>Arlington, SD</i>  <i>57212</i></p>		<p>B. Received by (Printed Name) <i>Craig Kjellson</i> C. Date of Delivery <i>7-22-17</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 type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p><b>RECEIVED</b>  <b>JUL 25 2017</b>  <b>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</b></p>	
<p>3. Service Type  <input 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.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 0710 0000 8014 9165</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (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>Craig Kjellson</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4 <i>Arlington</i></p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	