

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>		A. Signature X <i>DKlein</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <i>Dean Klein</i> <i>4498 477th Ave</i> <i>Dell Rapids, SD</i> <i>57022</i>		B. Received by (Printed Name)	C. Date of Delivery <i>7-24</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		<div style="text-align: center;"> <b>RECEIVED</b>  <b>JUL 26 2017</b>  <b>SOUTH DAKOTA PUBLIC UTILITIES COMM</b> </div>	
		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7007 0710 0000 8014 9189	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7007 0710 0000 8014 9189

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://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  
*Dean Klein*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

*Dell Rapids*

PS Form 3800, August 2006
See Reverse for Instructions