SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7-2 Y	
Article Addressed to:	D. Is delivery address difference of the latest the lat	
Knutson Farms	JUL 2 6 2017	
20935 460th Ave	SOUTH DAKOTA PUBLIC UTILITIES COMMISSION	
Volga, SD	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
57071	4. Restricted Delivery? (Extra Fee)	
Article Number     (Transfer from service label)	0710 0000 8014 9196	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

91,96	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
1				
4				
8014	Postage	\$		
	Certified Fee	1	Postmark	
0000	Return Receipt Fee (Endorsement Required)	*	Here	
	Restricted Delivery Fee (Endorsement Required)			
DILO	Total Postage & Fees	\$		
7007	Street, Apt. No., or PO Box No.			
	City, State, ZIP+4 VO Q-Q			
	PS Form 3800, August 2006 See Reverse for Instructions			