

# SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Curt Larson  
45620 213<sup>th</sup> St  
Arlington, SD  
59212

2. Article Number

(Transfer from service label)

7007 0710 0000 8014 9240

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Curt Larson*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Curt Larson*

C. Date of Delivery

*7-2-17*

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

JUL 24 2017

SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

*Curt Larson*

*Arlington*

PS Form 3800, August 2006

See Reverse for Instructions