

**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:

David McDonald  
20544 407th Ave  
Huron, SD  
57350

2. Article Number  
(Transfer from service)

7007 0710 0000 8014 9301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*David McDonald*

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*David McDonald*

C. Date of Delivery

7/22/17

D. Is delivery address different from item 1?

If YES, enter delivery address below ☐ Yes ☒ No

**RECEIVED**

JUL 25 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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**

7007 0710 0000 8014 9301

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

*David McDonald*

*Huron*

PS Form 3800, August 2006

See Reverse for Instructions