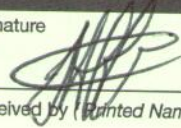


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X 	
		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery 7-22-17
1. Article Addressed to: Chad Murphy 45161 211th St Arlington, SD 57212		D. Is delivery address different from return address? If YES, enter delivery address below:	
		RECEIVED JUL 25 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION	
		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7007 0710 0000 8014 9325	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 0710 0000 8014 9325

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	
Chad Murphy	
Street, Apt. No., or PO Box No.	
Arlington	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark Here