

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>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 5px;">X</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name)  <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Nick Nelson</div> </p> <p>C. Date of Delivery  <div style="border-bottom: 1px solid black; padding-bottom: 2px;">7-24-17</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No </p> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 1.5em; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 1.2em; margin: 0;">JUL 25 2017</p> </div> <p>3. Service Type  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div> </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <div style="font-size: 1.2em; margin-top: 10px;">             Nick Nelson              41856 196th St              Iroquois, SD              57353 </div>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="margin: 0;">SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</p> </div>
<p>2. Article Number (Transfer from service label) <span style="float: right; border: 1px solid black; padding: 2px 10px;">7007 0710 0000 8014 9356</span></p>	
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, February 2004</span> <span>Domestic Return Receipt</span> <span>102595-02-M-1540</span> </div>	

7007 0710 0000 8014 9356

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 Nick Nelson

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

City, State, ZIP+4 Iroquois

PS Form 3800, August 2006
See Reverse for Instructions