

| 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. | <p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Donna Ogren</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>DONNA OGREN</i> </p> <p>C. Date of Delivery <i>7/24/17</i> </p> <p>D. Is delivery address different from above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below.</small> </p> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 25 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION </div> |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 10px;"><i>Donna Ogren</i> <i>578 Calumet Ave SE #5</i> <i>De Smet, SD</i> <i>57231</i></p> | <p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number <small>(Transfer from service label)</small></p> | <p style="font-size: 1.1em; text-align: center;">7007 0710 0000 8014 9387</p> |
| <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div> | |

7007 0710 0000 8014 9387

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | | |
|---|----|--|
| Postage | \$ | |
| Certified Fee | | |
| <input checked="" type="checkbox"/> Return Receipt Fee <small>(Endorsement Required)</small> | | |
| <input type="checkbox"/> Restricted Delivery Fee <small>(Endorsement Required)</small> | | |
| Total Postage & Fees | \$ | |

Postmark
Here

Sent To *Donna Ogren*

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

City, State, ZIP+4 *De Smet*

PS Form 3800, August 2006
See Reverse for Instructions