

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:

Randy Ogren
518 Calumet Ave SE #5
DeSmet, SD
57231

2. Article Number

(Transfer from service label)

7006 0100 0006 6762 5273

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Randy K. Ogren

C. Date of Delivery

8/3/17

D. Is delivery address different from item 1?

☐ Yes

☒ No

AUG 04 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
OFFICIAL USE

Postage

\$

Certified Fee

 Return Receipt Fee
(Endorsement Required)

 Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

 Postmark
Here

2nd Hr.

Sent To

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

City, State, ZIP+4

Randy Ogren
DeSmet

PS Form 3800, June 2002

See Reverse for Instructions

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

 Return Receipt Fee
(Endorsement Required)

 Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

 Postmark
Here

 15:15
wrong address

Sent To

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

City, State, ZIP+4

Randy Ogren
DeSmet

PS Form 3800, August 2006

See Reverse for Instructions

7006 0100 0006 6762 5273

7007 0710 0000 8014 9394