

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:

Paul Olson
20945 Hwy 25
De Smet SD
57231

2. Article Number
(Transfer from service label)

7007 0710 0000 8014 9400

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Paul Olson*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Paul Olson

C. Date of Delivery

7/25/17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

RECEIVED
JUL 26 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

Sent To

Paul Olson

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

City, State, ZIP+4

De Smet

PS Form 3800, August 2006

See Reverse for Instructions