

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 <i>Roger Pirlet</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Roger Pirlet</i> <i>43420 205th St</i> <i>De Smet, SD</i> <i>57231</i>		B. Received by (Printed Name) <i>Roger Pirlet</i> C. Date of Delivery <i>7/2/07</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below	
2. Article Number (Transfer from service label) <i>7007 0710 0000 8014 9448</i>		JUL 2 5 2017 RECEIVED SOUTH DAKOTA PUBLIC UTILITIES COMMISSION	
		3. Service Type UTILITIES COMMISSION <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

7007 0710 0000 8014 9448

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Roger Pirlet</i> Street, Apt. No., or PO Box No. City, State, ZIP+4 <i>De Smet</i>	
PS Form 3800, August 2006 See Reverse for Instructions	