

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>Marian S Rankin</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Marian Rankin 985 W Iowa Place Lakewood, Co 80232-6444		B. Received by (Printed Name) <i>M. Rankin</i>	C. Date of Delivery 7-24-17
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
		RECEIVED JUL 31 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION	
2. Article Number (Transfer from service)		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7007 0710 0000 8014 9479			

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

7007 0710 0000 8014 9479

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 *Marian Rankin*
Street, Apt. No.,
or PO Box No.
City, State, Zip
Lakewood, CO

PS Form 3800, August 2006
See Reverse for Instructions