

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X Lee Serfling</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Lee Serfling 42820 212th St De Smet, SD 57231		B. Received by (Printed Name) <i>Lee Serfling</i> C. Date of Delivery 7/25/17	
2. Article Number (Transfer from service label) 7007 0710 0000 8014 9554		D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004		<div style="text-align: center;"> <b>RECEIVED</b>  JUL 26 2017  SOUTH DAKOTA PUBLIC  UTILITIES COMMISSION </div>	
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 9554

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

For delivery information visit our website at [www.usps.com](http://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 *Lee Serfling*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4 *De Smet*

PS Form 3800, August 2006
See Reverse for Instructions