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 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. Signature D. Agent D. Addressee B. Received by (Printed Name) C. Date of Delivery		
1. Article Addressed to: Gary & Janice Swenson Trust	D. Is delivery address different particles Yes Yes No Yes No JUL 3 1 2017		
46579 2694 84	3. Service Type ILITIES COMMISSION Certified Mail Express Mail		
Stoux Falls, SD	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from service II 7007 0710 0000 8014 9578			
PS Form 3811, February 2004 Domestic Retr	urn Receipt 102595-02-M-1540		

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