

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Jadyn Toews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Murray Toews</i> <i>41226 202nd St</i> <i>Yale, SD</i> <i>57386</i></p>		<p>B. Received by (Printed Name) <i>Jadyn Toews</i> C. Date of Delivery <i>7/22/17</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>7007 0710 0000 8014 9592</p>		<p>RECEIVED JUL 25 2017</p>	
<p>PS Form 3811, February 2004</p>		<p>SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</p>	
<p>Domestic Return Receipt</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>102595-02-M-1540</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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 <i>Murray Toews</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4 <i>Yale</i>	
PS Form 3800, August 2006 See Reverse for Instructions	