SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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 Reprod X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 7-24-17		
Article Addressed to:	D. Is delivery access our set removem 1? Yes If YES, enter delivery address delow:		
Raymond Kerry	JUL 2 5 2017 SOUTH DAKOTA PUBLIC		
Trank y irangu			
43/13 HWY 17	3. Service Type		
Lake Preston, SD	Certified Mail Registered Resurr Receipt for Merchandise C.O.D.		
57249	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from service labs 7007 0710	0000 8014 9141		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

9747	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
9	For delivery information visit our website at www.usps.com _®		
士	OFF	ICIAL	USE
4108 0000 0170	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$	Postmark Here
7007	Street, Apy No.; or PO Box No. City, State X P4-4		See Reverse for Instructions