

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</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  <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> <i>Dan Von Eye</i></span> <span><input type="checkbox"/> Agent</span> </div> </p> <p><input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 10px;"><i>Daniel Von Eye, Sr</i>  <i>Von Eye Farms</i>  <i>22772 471st Ave</i>  <i>Colman, SD 57017</i></p>	<p>B. Received by (Printed Name)  <i>Dan Von Eye</i></p> <p>C. Date of Delivery  <i>7-24-17</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;"><i>7007 0710 0000 8014 9639</i></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> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">JUL 27 2017</p> <p style="font-size: 0.8em; font-weight: bold;">SOUTH DAKOTA PUBLIC UTILITIES COMMISSION</p> </div>
<p>3. Service</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>	<p>3. Service</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7007 0710 0000 8014 9639

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	\$	<p>Postmark Here</p>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Von Eye Farms*

Street, Apt. No., or PO Box No. *Daniel Von Eye Sr*

City, State, ZIP+4 *Colman*

PS Form 3800, August 2006

See Reverse for Instructions