

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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 <i>Cheryl Wilkison</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Erin Wilkison</i> <i>515 Bettwilk Ave</i> <i>De Smet, SD 57231</i>		B. Received by (Printed Name) <i>Cheryl Wilkison</i> C. Date of Delivery <i>7/29/17</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
 9590 9402 2822 7069 4593 25		<div style="text-align: center;"> RECEIVED JUL 31 2017 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION </div>	
2. Article Number (Transfer from service label) 7011 3500 0000 2765 7028			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7011 3500 0000 2765 7028

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Sent To *Erin Wilkison*
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4 *De Smet*

PS Form 3800, August 2006
See Reverse for Instructions