

500 East Capitol Avenue Pierre SD 57501-5070

Return Service Requested



7007 0710 0000 8014 9257

RECEIVED

AUG 1 7 2017

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

BOB LEE PO BOX 484 474 DE SMET, SD 57231 First Notice 7 22 17 Second Notice 7 22 17 Second Notice 7 27 17 S

0008/09/17

RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

57231**3**0454 > 5003

8C: 57501500799 \*0935-02389-21-41

9257	U.S. Postal Service TM  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com		
8014	O F F	CIAL	USE
0000	Certified Fee Return Receipt Fee (Endorsement Required)	•	Postmark Here
0770	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	S	
7007	Street, Apt. No. or PO Box No. City, State, ZIP+4  PS Form 3800. August 2006  See Reverse for Instructions		

## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature Print your name and address on the reverse so that we can return the card to you. B. Received by ( Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 12 1. Article Addressed to: If YES, enter delivery address below: 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7007 0710 0000 8014 9257 (Transfer from service PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540 ;