| SENDER: COMPLETE THIS SECTION | | WIFEETE THIS SECTION ON BELIVET | |
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| Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired. Print your name and address on the revision that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. | rerse X | lun Schmulchel | ☐ Agent ☐ Addressee Date of Delivery |
| 1. Article Addressed to: | D. | s delivery address different from item 1? If YES, enter del REGENET | ☐ Yes ☐ No |
| Allen Schmeiche | | SEP 1 6 2015 | |
| 706 W 4th Ave Humboldt SD 57 | 035 | SOUTH DAKOTA PUB Service Time ITTES COMMISSI A Certified Mall Registered Receipt fo Insured Mall C.O.D. Restricted Delivery? (Extra Fee) | ON |
| Article Number (Transfer from service label) 7 | | 0000 2765 5277 | sphe. |
| PS Form 3811, February 2004 | Domestic Return Re | ecelpt 1 | 02595-02-M-1540 |
| SENDER: COMPLETE THIS SEC | TION | COMPLETE THIS SECTION ON D | ELIVERY |
| Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is do Print your name and address on so that we can return the card to Attach this card to the back of the or on the front if space permits. | esired. the reverse you. | A. Signature X (VUL) Shirted Name) B. Received by (Printed Name) Ha rut (Shirma Kur) | Agent Addressee C. Date of Delivery |
| Article Addressed to: | | D. Is delivery address different from If YES, enter delivery address be | |
| Harvey L. Shi | | | |
| 400 S. Madiso Humboldt, SE | = | 3. Service Type Certified Mall | Mail aceipt for Merchandise |
| | | 4. Restricted Delivery? (Extra Fee) | □ Yes |
| Article Number (Transfer from service label) | 7011 350 | 0 0000 2765 5192 | |
| PS Form 3811. February 2004 | Domestic Re | eturn Receint | 100505.00 M 4540 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON BELIVEIT | | | |
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| 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. Article Addressed to: | A. Signafure Addressee B. Received by (<i>Brinted Name</i>) C. Date of Delivery D. Is delivery address diagrams and process of the process of | | | |
| | SEP 1 6 2015 | | | |
| Mike Shumaker | SOUTH DAKOTA PUBLIC UTILITIES COMMISSION | | | |
| 411 S. Carlson St. Humboldt, SD 57035 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. | | | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | |
| 2. Article Number 7011 35 (Transfer from service label) | 00 0000 2765 5239 | | | |
| PS Form 3811, February 2004 Domestic Ret | urn Recelpt 102595-02-M-1540 | | | |
| 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. Article Addressed to: | A. Signature A. Signature Address B. Received by Arinted Name C. Date of Def D. Is delivery address different from item 1? Yes If YES, enter delivery are separated by No | | | |
| Theresa Muth 405 S Madison St Humboldt SD 57035 | SEP 1 4 2015 SOUTH DAKOTA PUBLIC 3. Service TypUTILITIES COMMISSION Certified Mail | | | |
| 2. Article Number 7011 3500 (Transfer from service label) | 0000 2765 5284 | | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | | | |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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 A. Signature Addr. B. Received by (Printed Name) C. Date of Del 7 / 2 D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: | If YES, enter delivery |
| T J Kaffar | SEP 1 5 2015 SOUTH DAKOTA PUBLIC |
| 512 S. Main St. Humboldt, SD 57035 | 3. Service Type TILITIES COMMISSION |
| 2. Article Number (Transfer from service label) 7011 | 3500 0000 2765 5222 |
| PS Form 3811, February 2004 Domestic Re | eturn Recélot 102595-02-M-15 |
| 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 Agent Addresser B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery at the property of them 1? Yes If YES, enter delivery address below: No |
| Adam Lund | SEP 1 7 2015 SOUTH DAKOTA PUBLIC |
| 201 E 4th Ave Humboldt SD 57035 | 3. Service Type 3. Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Transfer from service label) 7011 | 3500 0000 2765 5307 |
| PS Form 3811, February 2004 Domestic Ret | |

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