

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Allen Schmeichel
706 W 4th Ave
Humboldt SD 57035

2. Article Number-

(Transfer from service label)

7011 3500 0000 2765 5277

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Allen Schmeichel*

- Agent
 Addressee

B. Received by (Printed Name)

Allen Schmeichel

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

RECEIVED

SEP 16 2015

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Harvey L. Shumaker
400 S. Madison St.
Humboldt, SD 57035

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 5192

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Harvey L. Shumaker*

- Agent
 Addressee

B. Received by (Printed Name)

Harvey L. Shumaker

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

Mike Shumaker
411 S. Carlson St.
Humboldt, SD 57035

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 5239

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mike Shumaker* Agent Addressee

B. Received by (Printed Name)

Susan Shumaker

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: NoRECEIVED
SEP 16 2015SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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1. Article Addressed to:

Theresa Muth
405 S Madison St
Humboldt SD 57035

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 5284

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Theresa Muth* Agent Addressee

B. Received by (Printed Name)

Theresa Muth

C. Date of Del

9-12

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: NoRECEIVED
SEP 14 2015SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchand. Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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1. Article Addressed to:

T J Kaffar
512 S. Main St.
Humboldt, SD 57035

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 5222

PS Form 3811, February 2004

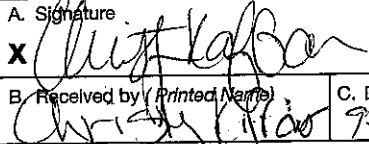
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addr.

B. Received by (Printed Name)

Christy Kaffar

C. Date of Del

9-12

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No**RECEIVED**

SEP 15 2015

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Adam Lund
201 E 4th Ave
Humboldt SD 57035

2. Article Number

(Transfer from service label)

7011 3500 0000 2765 5307

PS Form 3811, February 2004

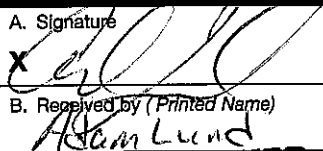
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

Adam Lund

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No**RECEIVED**

SEP 17 2015

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes