

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:

MR RAFAEL VANEGAS
NORSTAN NETWORK SERVICES INC
D/B/A NNSI
4710 EISENHOWER BLVD SUITE E8
TAMPA FL 33634

TC10-013

2. Article Number
(Transfer from service label)

7007 0710 0000 8015 0987

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *C. DuVal*

B. Received by (Printed Name)

C. DuVal

C. Date of Delivery

1-25-10

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

RECEIVED

JAN 28 2010

3. Service Type
SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

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

4. Restricted Delivery? (Extra Fee) Yes