| 158495-28- | |
|--|---|
| 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 A. Signature Addressee B. Received by Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 17 |
| | DEC 2 9 2014 |
| Mr. Michael Brady | SOUTH DAKOTA PUBLIC |
| Manager Comtech 21, LLC One Barnes Park South Wallingford, CT 06492 | 3. Service Typ⊌TILITIES COMMISSION ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) Yes |
| Article Number (Transfer from service label) 7007 [| 1745 ACL4 9745 |
| PS Form 3811, February 2004 Domestic Ret | urn Receipt 102595-02-M-1540 |