

**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:

Ztar Mobile Inc.  
16 Villiage Lane Suite 250  
Colleyville TX 76034

2. Article Number-  
(Transfer from service label)

7007 0710 0000 8014 8885

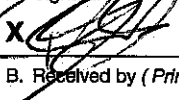
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-22-16

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

**RECEIVED**  
NOV 28 2016

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