

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Doug Hott
 CIS Audits
 1595 Peachtree Pkwy Ste
 Cumming, GA 30041 204-337



9590 9402 3376 7227 5483 83

2. Article Number (Transfer from service label)

7011 3500 0000 2765 5567

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Agent

Addressee

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below

No

RECEIVED

JAN 21 2022

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt