

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:
 Scott or Lori Olson
~~2265 Old North~~
 Huron, SD 57350

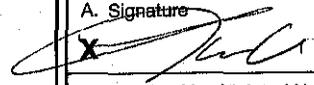
RECEIVED

AUG 22 2012

2. Article Number

(Transfer from service label)
 SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) *Lori W* C. Date of Delivery *8-21-12*

D. Is delivery address different from item? Yes No
 If YES, enter delivery address below:
PO Box 1402

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7007 0710 0000 8015 2578

PS Form 3811, Postman 100 Domestic Return Receipt

102595-02-M-1544