

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:

Hawk Relay, LLC
 Samuel Hawk
 1900 JFK Blvd #1801
 Philadelphia, PA 19103

2. Article Number

(Transfer from service label)

7007 0710 0000 8014 8748

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address: No

RECEIVED
 FEB 08 2013
 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service TM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7007 0710 0000 8014 8748

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

RECEIVED

JAN 31 2013

Postmark
Here

**SOUTH DAKOTA PUBLIC
 UTILITIES COMMISSION**

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Hawk Relay

PS Form 3800, August 2006

See Reverse for Instructions