NDER: *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:

MS MICHELLE BARNETT
TELECARE INC
444 LAFAYETTE ROAD
NOBLESBILLE IN 46060

TC10-005

2. Article Number *(Transfer from service lab)* 7007 0710 0000 8015 0895

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* RECEIVED C. Date of Delivery 1-25-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JAN 28 2010

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, August 2001 Domestic Return Receipt 102595-02-M-1540