

7002 2030 0004 5245 6495

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

6-19-03

Postmark
Here

CT03-011 Through
CT03-032

Sent To
 Street, Apt. No.,
 or PO Box No. MR LES SUMPTION
 City, State, ZIP+4 S&S COMMUNICATIONS
 125 RAILROAD AVENUE SE
 ABERDEEN SD 57401

PS Form 3800, June 2002

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:

MR LES SUMPTION
 S&S COMMUNICATIONS
 125 RAILROAD AVENUE SE
 ABERDEEN SD 57401

2. Article Number
(Transfer from service label)

7002 2030 0004 5245 6495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jamie Ell* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 6-20-03

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

CT03-011 Through CT03-032

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

4. Restricted Delivery? (Extra Fee) Yes