

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7002 2030 0004 5245 6563

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

6-20-03  
 CT03-033-048  
 Postmark Here

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

PS Form 3800, July 2002

ions

**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 6563

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jamie Elor*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **6-23-03**

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

3. Service Type **CT03-033-048**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes