

7002 2030 0004 5245 6563

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	\$

6-20-03
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, 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jamie Elan

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

2. Article Number (Transfer from service label) **7002 2030-0004 5245 6563**