

7002 2030 0004 5245 6471

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	

Postmark
Here

CT03-062-071

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+

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

PS Form 3800, June 2002

See Reverse for Instructions

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 6471

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-25-03

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

CT03-062-071

4. Restricted Delivery? (Extra Fee)

Yes