

7002 2030 0004 5245 6549

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To *CT03-120*

Les Sumption, Attn Comm.

Street, Apt. No.,
or PO Box No. *125 Railroad Ave SE*

City, State, ZIP+4[®] *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
Attn Comm.
125 Railroad Ave SE
Aberdeen, SD 57401

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Juanita Ellis* Agent Addressee

X

B. Received by (Printed Name)

C. Date of Delivery *7-25-02*

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

3. Service Type *CT03-120*

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 6549